MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 223 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 514 N. Carey Street

3. NAME OF DECEASED: (First) JOHN (Middle) NOBLE (Last) ACKWOOD
4. DATE OF DEATH: (Month) April (Day) 17 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: July, 1880
9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Helper on Furniture Truck
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Robert Ackwood
14. MOTHER'S MAIDEN NAME: Jane MN: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) CARCINOMA OF LARYNX — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9-8-51
19b. MAJOR FINDINGS OF OPERATION: Tracheotomy
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 7, 1951, to April 17, 19 52, that I last saw the deceased alive on [illegible], and that death occurred at 5:40 A.M., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
WILLIAM B. VANDEGRIFT, M. D. VAH, FORT HOWARD, MARYLAND 4-17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 4-21-52
NAME OF CEMETERY OR CREMATORY Baltimore National
LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE REC'D BY LOCAL REG. 4/18/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR ADDRESS Charles R. Law 802 Madison Ave. Baltimore, Maryland

VS. A15 8-51

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2638 E. Biddle Street

3. NAME OF DECEASED: (Type or Print) (First) Alverta (Middle) (Last) Averella

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 16 1869 ~~Unknown~~

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John **-------Shrankl in

14. MOTHER'S MAIDEN NAME: Caroline Kuszmaul

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cardio-renal Disease	2 months
	DUE TO (c) Arteriosclerosis, generalized, severe	Unknown

4427

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 14 19 51, to April 16 1952, that I last saw the deceased alive on 4-16-52, 19....., and that death occurred at 5:40 p.m., from the causes and on the date stated above.

SIGNATURE Wm. A. Rinn (DEGREE OR TITLE) M.D. ADDRESS Spring Grove Hospital. DATE SIGNED 4-16-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Burial — DATE THEREOF 4/19/52 — NAME OF CEMETERY OR ~~CREMATORY~~ Loudon Park — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 4-17-52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm Cook Inc. — ADDRESS 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03841

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTO. STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS PT.
LENGTH OF STAY (In this place): 5 WKS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1014 F. ST.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS POINT (19)
STREET ADDRESS (If rural, give location): 1014 F. ST.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) S. (Last) BAILEY

4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 1/10/1856

9. AGE last birthday: 96 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER (RETIRED)

10b. KIND OF BUSINESS OR INDUSTRY: RAILROAD

11. BIRTHPLACE (State or foreign country): PENNA.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN BAILEY

14. MOTHER'S MAIDEN NAME: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: ELLA M. BAILEY - PIKE ST. FT. CARBON, PA.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio - respiratory failure	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arterio - sclerosis	indefinite
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24, 1952, to April 1, 1952, that I last saw the deceased alive on March 31, 1952, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE: Robert E. Farber (Degree or title) M.D. ADDRESS: Sparrows Point, Md DATE SIGNED: 4-1-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 4/4/52
NAME OF CEMETERY OR CREMATORY: CHARLES BABER
LOCATION (City, town, or county) (State): POTTSVILLE, PENNA

DATE REC'D BY LOCAL REG.: April 1-52
REGISTRAR'S SIGNATURE: Dawson L. Farber

24. FUNERAL DIRECTOR: Walter Bowker Bradley, Dunbar, Md ADDRESS

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MARYLAND STATE DEPARTMENT OF HEALTH 63842

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (In this place) 27 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Berrymans Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural give location) 14 Berrymans Lane

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) B (Last) Baker

4. DATE OF DEATH: (Month) (Day) (Year) April 5, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: Dec. 19, 1899

9. AGE last birthday: 52 yrs. If under 1 year: Months, Days. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist secretary

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Co.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles A. Barnhart

14. MOTHER'S MAIDEN NAME: Gertie M. McClelland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 579-32-8730

17. INFORMANT: Morris R. Baker, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) TERMINAL PNEUMONIA — 24 HRS

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CARCINOMA OF SIGMOID COLON — 2 MOS.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 2/29/52

19b. MAJOR FINDINGS OF OPERATION: CARCINOMA OF SIGMOID WITH LIVER METASTASES

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEPT., 1948, to APRIL 5, 1952, that I last saw the deceased alive on APRIL 4, 1952, and that death occurred at 1:55 A.m., from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel (Degree or title) M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 4/5/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF April 7, 1952; NAME OF CEMETERY OR CREMATORY Druid Ridge; LOCATION (City, town, or county) (State) Pikesville, Md.

DATE REC'D BY LOCAL REG. 4-6-52; REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

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1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

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Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (In this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 19 Harrison Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
   STREET ADDRESS (If rural give location) 109 N. Linwood Ave.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Anna (Last) Baker

4. DATE OF DEATH: (Month) 4 (Day) 11 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-10-1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Wilehlm

14. MOTHER'S MAIDEN NAME: ? Wolfe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: 109 N. Mrs. Helen K. Shepherd., Linwood Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Infarction — 2wks

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis - bilateral

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 19 52, to 4/10, 19 52, that I last saw the deceased alive on 4/10, 19 52, and that death occurred at 4 55 p.m., from the causes and on the date stated above.

SIGNATURE Joseph J Cannon MD (Degree or title) ADDRESS 30 Cleveddle Rd Balt 20 DATE SIGNED 4/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-14-1952 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG. 4/14/52 — REGISTRAR'S SIGNATURE H. W. Redwood

24. FUNERAL DIRECTOR John A. Moran — ADDRESS 3000 E. Baltimore St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

65844

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 112 N. MARLYN AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 112 N. MARLYN AVE.

3. NAME OF DECEASED (Type or Print): (First) Bernard (Middle) William (Last) Banz Sr.

4. DATE OF DEATH: (Month) APRIL (Day) 8 (Year) 1952.

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAY 24, 1876

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED

10b. KIND OF BUSINESS OR INDUSTRY: SUPT. ABELL BLDG.

11. BIRTHPLACE (State or foreign country): SAN FRANSISCO, CAL.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN M. BANZ

14. MOTHER'S MAIDEN NAME: BARBARA HENSLER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MARGARET A. BANZ 112 N MARLYN AVE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Sudden

420 1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerotic Cardio-Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1951, to April 8, 1952, that I last saw the deceased alive on April 8, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M Bumgardner MD Balto 6 Md 4/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

DATE THEREOF 4-11-52

NAME OF CEMETERY OR CREMATORY PARKWOOD CEM.

LOCATION (City, town, or county) (State) 3310 TAYLOR AV. MD.

DATE REC'D BY LOCAL REG. 4/9/52

REGISTRAR'S SIGNATURE a a Bedner

24. FUNERAL DIRECTOR Charles L. Zeller ADDRESS 901 S. CONKLING ST. BALTO. 24. MD.

VS-A 5

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore Md. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville Md
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dulaney Valley
STREET ADDRESS (If rural, give location) Jarrettsville Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) W. (Last) Barnitz
4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Mar. 14 1859
9. AGE last birthday: 93 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman - Soap
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander Barnitz
14. MOTHER'S MAIDEN NAME: Amelia Whitmarsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 212-14-2878
17. INFORMANT AND ADDRESS: Laura M. Schroeder, Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Congestive heart failure — Interval between onset and death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio - sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to April 20 1952, that I last saw the deceased alive on April 20, 1952, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Warden T. Rees M.D. Cockeysville Md 4/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 4/23/52
NAME OF CEMETERY OR CREMATORY Greenmount Cemetery
LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. 4/21/52
REGISTRAR'S SIGNATURE Laura M. Schroeder
24. FUNERAL DIRECTOR ADDRESS Wm. Cook, St Paul & Preston St.

VS. A15

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22 1952
BUREAU V. S.

COPY SENT TO LOCAL REGISTRAR No. ____ DATE 4-22-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH
COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville Md
LENGTH OF STAY (in this place) Entire Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lower Beltsville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville Md.
STREET ADDRESS (If rural give location) Lower Beltsville Rd

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Winfield (Last) Bamblitz

4. DATE OF DEATH (Month) April (Day) 15 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 3-16-1887

9. AGE last birthday 65 yrs. — If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Howard Bamblitz

14. MOTHER'S MAIDEN NAME Mary Louise Sinclair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Winfield Bamblitz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Carcinomatosis — 6 mo.

Antecedent cause(s) (b) Primary Carcinoma Palate — 18 mo.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

144X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1951, to April 15, 1952, that I last saw the deceased alive on April 14, 1952, and that death occurred at 11:30A m., from the causes and on the date stated above.

SIGNATURE Ralph A. Bush (Degree or title) MD ADDRESS Hampstead Md DATE SIGNED 4/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE Apr 18-1952 — NAME OF CEMETERY OR CREMATORY Beechlyville — LOCATION (City, town, or county) Balto Co — (State) Md

DATE REC'D BY LOCAL REG. 4-16-52 — REGISTRAR'S SIGNATURE Mary B. Devine

24. FUNERAL DIRECTOR Edw Milton — ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03847

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Woodlawn — LENGTH OF STAY (in this place) 79
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5306 Wardon Mill Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Woodlawn
STREET ADDRESS (If rural, give location) 5306 Wardon Mill Rd

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) EMORY (Last) BELL

4. DATE OF DEATH: (Month) APRIL (Day) 18 (Year) 1952

5. SEX: M — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Jan 19 1873 — 9. AGE (Last birthday): 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter - Retired — 10b. KIND OF BUSINESS OR INDUSTRY: Painter — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: WILLIAM BELL — 14. MOTHER'S MAIDEN NAME: Mary Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Wife - Hattie Bell 5501

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Apoplexy

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerbral arteriosclerosis & Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1951 to April 18, 1952 that I last saw the deceased alive on April 18 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Edwin H Pilpot, M.D. 8204 HARFORD Rd. Balto 14 Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-21-52 — NAME OF CEMETERY OR CREMATORY: Lorraine Park — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 4/22/52 — REGISTRAR'S SIGNATURE: A W Keene — 24. FUNERAL DIRECTOR — ADDRESS: Howard Emory 3207 W. North Ave.,

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEAL

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30 5548

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 214 E. Montgomery St

3. NAME OF DECEASED (Type or Print): (First) Lewis (Middle) W (Last) Benson

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):

8. DATE OF BIRTH: Oct 17, 1905

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: Electrician

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Benson

14. MOTHER'S MAIDEN NAME: Anna Kent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: Unknown

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT AND ADDRESS: Records Springfield State Hospital Catonsville 28, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

522X **Immediate cause** (a) Pulmonary Congestion and oedema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓ accident __, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. C. McKinstry MD Springfield Hosp Catonsville 28 Md April 7. 52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 4/9/52 | NAME OF CEMETERY OR CREMATORY: MT OLIVET CEM. | LOCATION (City, town, or county) (State): FREDERICK RD

DATE REC'D BY LOCAL REG. 4/8/52 | REGISTRAR'S SIGNATURE: a w Hedrick | 24. FUNERAL DIRECTOR: JOHN F. DENNY, JR. — ADDRESS: 715 LIGHT ST BALTO. 30, MD.

VS. 415A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 16 Fusting Ave. House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Hopkins Apts. ✓

3. NAME OF DECEASED (Type or Print): (First) BERTHA (Middle) L. (Last) BLANCK

4. DATE OF DEATH: (Month) Apr. (Day) 9, (Year) 19 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed
8. DATE OF BIRTH: Oct. 13, 1862
9. AGE last birthday: 89 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Christopher Lipps
14. MOTHER'S MAIDEN NAME: Elizabeth Klein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mr. Fred C. Boanck - 203 Hoodridge Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	4 da.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Hypertensive Cardio-Vascular Disease	20 yrs.
	(c) Senility	5 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-18, 1946, to 4-9, 1952, that I last saw the deceased alive on 4-8, 1952, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
William K. Sellars M.D. Catonsville 6-28, Md. 4-10-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4/12/52
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 4/10/52
REGISTRAR'S SIGNATURE: A W Hedrick
24. FUNERAL DIRECTOR ADDRESS: Wm. J. Ickener & Sons Balto 17, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physi[illegible]: please write the causes of death clearly and legibly.

MA[illegible]IN RESERVED FO[illegible]INING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 55 No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 - 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 8 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: 1906 Aliceanna Street

STREET ADDRESS (If rural, give location): Baltimore, Maryland ✓

3. NAME OF DECEASED: (Type or Print) (First) THOMAS (Middle) N. (Last) BLAZEK

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	9-16-92	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Cook	St Wenceslaus Church	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas Blazek	Mary Clara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I	212-05-2472	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) RENAL FAILURE SECONDARY TO HYPERTENSION	UNKNOWN
5934	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from April 8, 19 52, to April 16, 19 52, and that death occurred at 6:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. 4-16-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-19-1952	St. Stanislaus Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/17/52	[signature]	George A. Weber 705 S. Ann Street Baltimore, Maryland

✓ Omk

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

6551

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Court Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite; STREET ADDRESS (If rural, give location) Old Court Road

3. NAME OF DECEASED (Type or Print): (First) Amanda (Middle) F. W. (Last) Blunt

4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12-24-?

9. AGE last birthday: over 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Granite, Balto. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Atwood Blunt

14. MOTHER'S MAIDEN NAME: Amanda F. W. Offutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Sarah Blunt - Granite, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 3 wks

422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-Vascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Cor

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/20, 1952, to 4/7/, 1952, that I last saw the deceased alive on 3/6/, 1952, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE: Wm. E. Martin (Degree or title) M.D ADDRESS: Randallstown DATE SIGNED: 4/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 4-10-52; NAME OF CEMETERY OR CREMATORY: Blunts Family Plot; LOCATION (City, town, or county) (State): Granite, Maryland

DATE REC'D BY LOCAL REG. 4/9/52; REGISTRAR'S SIGNATURE: Wm. E. Martin

24. FUNERAL DIRECTOR: Frank H. Newell; ADDRESS: Pikesville, Md.

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03852 40

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-445

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh. LENGTH OF STAY (In this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Phila Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Balto. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Whitemarsh.
STREET ADDRESS (If rural give location) Pulaski Hghwy.

3. NAME OF DECEASED (Type or Print): (First) Katie (Middle) (Last) Bowers.

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 26. 1865

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Jacob Gerst.

14. MOTHER'S MAIDEN NAME: — — —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs Edward Surguy Phila Rd Whitemarsh Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerotic Cardio Vascular disease — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to April 2, 1952, that I last saw the deceased alive on April 2, 1952, and that death occurred at 12:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

M Baumgardner MD. Balto 6 Md 4/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4-5-1952 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Balto Md.

DATE REC'D BY LOCAL REG. 4-5-52 | REGISTRAR'S SIGNATURE: W M Hammett | 24. FUNERAL DIRECTOR ADDRESS: Lansdale Funeral Home 7401 Belair Rd.

RECEIVED
APR 28 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hards Chapel Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonville
STREET ADDRESS (If rural, give location) Hard Chapel Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Katherine (Last) Brady
4. DATE OF DEATH: (Month) Apr (Day) 11 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Mar 23 1885
9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Hagel
14. MOTHER'S MAIDEN NAME: Elizabeth Georgina
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Florence M. Brady Lovige Mills Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardio Vascular Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

54 1/2 x

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1952, to 4/11/, 1952, that I last saw the deceased alive on 4/10/, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Wm E. Martin M.D. Randallstown, Md 4/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: Apr 15 1952
NAME OF CEMETERY OR CREMATORY: Holy Family
LOCATION (City, town, or county) (State): Harrisonville Md.

DATE REC'D BY LOCAL REG. 4/11/52
REGISTRAR'S SIGNATURE: Wm E. Martin
24. FUNERAL DIRECTOR: Henry J. Armacost
ADDRESS: 4204 Ridgewood Ave

RECEIVED
APR 15 1952
BUREAU U. S.

Item 9 Film 142 4/29/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH 54

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place) 7 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1609 Doolittle Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) Harry (Last) Breisch

4. DATE OF DEATH: (Month) Apr (Day) 24 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 2 1903

9. AGE last birthday: 48 49 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: Martins Gen

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Breisch

14. MOTHER'S MAIDEN NAME: Mayme Fenstermaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 163-16-603

17. INFORMANT AND ADDRESS: Mrs Florence Breisch (wife).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: Immediate

4201 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

J. McClernand MD Deputy Medical Examiner Balto Co. Towson 22 Md 4/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF Apr. 25-52 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Tonawanda, Pa

DATE REC'D BY LOCAL REG. 4/24/52 — REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR Christine L. Brzozinski — ADDRESS

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 55

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 46 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural, give location) 504 S. Glover Street

3. NAME OF DECEASED: (Type or Print) (First) TALBOTT (Middle) W. (Last) BRILL
4. DATE OF DEATH: (Month) April (Day) 1 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-28-97
9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Worker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter A. Brill
14. MOTHER'S MAIDEN NAME: Margaret Schaller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CARCINOMA, PRIMARY SITE UNDETERMINED — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.
DUE TO
1999
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 15, 1952, to Apr. 1, 1952, XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX and that death occurred at 11:25 A.m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
PHILIP W. FENNEY, M.D. ACTING CHF. SURGICAL SERVICE FT. HOWARD, MD. 4-1-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial Burial
DATE THEREOF 4-5-52
NAME OF CEMETERY OR CREMATORY St. Stanislaws Cemetery
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/3/52
REGISTRAR'S SIGNATURE A.W. Pedrick
24. FUNERAL DIRECTOR ADDRESS
Lilly & Zeiler Funeral Home
Eastern Ave., & Wolfe St. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 56

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet.Adm.Hosp.,Fort Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY — —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 568 St. Mary's Route #1, Box 62 Worton, Maryland

3. NAME OF DECEASED: (First) CURTIS (Middle) C. (Last) BROOKS
4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	Colored	Married	8/22/25	26 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contract work		Worton, Maryland	U.S.A.

13. FATHER'S NAME: Alonzo Brooks
14. MOTHER'S MAIDEN NAME: Lillie Banks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes WW II	220-16-7510	Clin.Rec.,Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) INFECTIOUS HEPATITIS	UNKNOWN
092Y Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from April 9, 1952, to April 20 1952, ~~that I last saw the deceased~~ ~~alive on~~ ~~and~~ that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
WILLIAM H. VANDEGRIFT, M.D. VAH, FORT HOWARD, MARYLAND 4-21-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-23-52	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/22/52	C. W. Hedrick	Charles R. Law	802 Madison Ave. Baltimore, Maryland

RRR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Ridge Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne
STREET ADDRESS (If rural, give location) 104 Ridge Ave.

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) B. (Last) BROWN
4. DATE OF DEATH: (Month) Apr. (Day) 1 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 23, 1885
9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Florist
10b. KIND OF BUSINESS OR INDUSTRY: Retail Florist
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Edward Joseph Brown
14. MOTHER'S MAIDEN NAME: Josephine Suter
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 220 - 05 - 2152
17. INFORMANT AND ADDRESS: Mrs. Anna H. Brown 104 Ridge Ave. Lansdowne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Metastatic Carcinoma — Interval Between Onset and Death: ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma Left Kidney — ?

180X

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1950
19b. MAJOR FINDINGS OF OPERATION: Nephrectomy - Carcinoma
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-2-4, 19 4, to 4-1-5 2, 19 5 2, that I last saw the deceased alive on 12:30 PM 19..., and that death occurred at 3:50 P m., from the causes and on the date stated above.

SIGNATURE 4-1-52 (Degree or title) Carl A Rostberg — ADDRESS 1316 W Lombard St — DATE SIGNED Apr 3. 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4/4/52
NAME OF CEMETERY OR CREMATORY: Loudon Park Cem.
LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG. 4/3/52
REGISTRAR'S SIGNATURE R.W. Hedrick
24. FUNERAL DIRECTOR: Wm. J. Vickery & Sons — ADDRESS Balto 17 Md.

MARYLAND STATE DEPARTMENT OF HEALTH 58

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
MARYLAND
LENGTH OF STAY (in this place) 2 Mon.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Children Rehabilitation Institute

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE New York COUNTY Queens
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Flushing
STREET ADDRESS (If rural, give location) 67-02 F 188 th St. ✓

3. NAME OF DECEASED (Type or Print) (First) Paula (Middle) Frances (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) April 21, 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov. 3, 1936

9. AGE last birthday 15 yrs. | If under 1 year Months | Days | If under 24 hrs Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY School

11. BIRTHPLACE (State or foreign country) New York City

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME J. Sanger Brown

14. MOTHER'S MAIDEN NAME Paula Maria Gazik

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No None

17. INFORMANT AND ADDRESS School Records, Cockeysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia	1 day
721.0 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aspiration of Vomitis	1 day
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Paulsy-Spastic Quadraplegia — 15 yrs.

19a. DATE OF OPERATION none

19b MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. no

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Deputy (Degree or title) D. D. Caples Med. Exam. M.D.

ADDRESS Reisterstown, Md.

DATE SIGNED 4-21-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF April 24/52

NAME OF CEMETERY OR CREMATORY Flushing Cemetery

LOCATION (City, town, or county) (State) Flushing N.Y.

DATE REC'D BY LOCAL REG. 4-21-52

REGISTRAR'S SIGNATURE Mary B. Eline

24. FUNERAL DIRECTOR J. F. Eline & Sons, Reisterstown, Md.

ADDRESS

VS. 7A5A

RECEIVED
APR 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians; please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3630 Washington Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) Wash. Blvd & Sulphur Spring Rd

3. NAME OF DECEASED (Type or Print): (First) James (Middle) (Last) Burley

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1952

5. SEX M — 6. COLOR OR RACE Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower — 8. DATE OF BIRTH 12-25-87 — 9. AGE Last birthday 64 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none — 10b. KIND OF BUSINESS OR INDUSTRY none — 11. BIRTHPLACE (State or foreign country) Va — 12. CITIZEN OF WHAT COUNTRY USA

13. FATHER'S NAME unknown — 14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Resd. Balto Co. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

4" 21 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Leo M. Kieffer — M.D. Chief Med. Examiner Balto Co. — 1010 Leadenhall — April 23 52

23. BURIAL, CREMATION, REMOVAL (Specify) Remove — DATE THEREOF April 23 52 — NAME OF CEMETERY OR CREMATORY Anatomy Board of Md — LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. April 23 52 — REGISTRAR'S SIGNATURE Leo Kieffer

24. FUNERAL DIRECTOR Francis Hemsley — ADDRESS 578 W Baltimore

RECEIVED
APR 28 19
BUREAU V. &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physician write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklandville; STREET ADDRESS (If rural give location) Valley Road

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Ann (Last) Burnham

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 20, 1880

9. AGE last birthday: 72 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Jacob Wust

14. MOTHER'S MAIDEN NAME: Barbara Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS: Albert J. Burnham - Brooklandville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	3-4 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	2
	(c) Arteriosclerotic Hypertension	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 19..., to 4-28, 1952, that I last saw the deceased alive on 4-27, 1952, and that death occurred at 3.35 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
E E Nichols	M.D	Pikesville 8 Md	4-29-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 1, 1952	Bates Cemetery	Lutherville, Md. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-29-52	Dr E E Nichols	John Burns' Sons	Towson, Md.

RECEIVED
APR 30 19
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH (M)

Reg. Dist. No. 4X 13861

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 98 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 1413 Oliver Street

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
THOMAS E. BUSH	April 12 1952	Male	White	Single	7-12-1900	51 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Welf Digger	Welf Emp.	Annapolis, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William E. Bush	Sarah Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW II	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMATOSIS PRIMARY SITE UNDETERMINED	2 Months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Jan. 5, 1952, to April 12, 1952, and that death occurred at 11:55 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Stanley N. Yaffe — STANLEY N. YAFFE, M.D. — VAH, Fort Howard, Md. — 4/12/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-15-52	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/14/52	Edw. Hedrick	Howard Blight Funeral Home	6009 Harford Rd., Baltimore, Maryland

Mildred L. Blight

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1852

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Dundalk — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1827 Portship Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 1827 Portship Road

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) A. (Last) BUSHONG

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Feb. 1, 1869

9. AGE last birthday: 83 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): St. Mary's County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Norris

14. MOTHER'S MAIDEN NAME: Alice Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Earl M. Bushong, 4027 Roland Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) DUE TO: Hypertensive Cardio-Vascular Disease — Interval Between Onset and Death: 10 yrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

443X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/22/52 19 52, to 4/26/52, 19 52, that I last saw the deceased alive on 4/27/52, 19....., and that death occurred at 8:30 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED: 4/28/52

Dundalk MD

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: 5/1/52 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE RECD BY LOCAL REG.: 4/29/52 — REGISTRAR'S SIGNATURE: A.W. Hedrich D.L.

24. FUNERAL DIRECTOR — ADDRESS: H. A. Cook, Inc., 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 53 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 7 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balt City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) 2000 Homewood Ave.

3. NAME OF DECEASED: (Type or Print) (First) BERTHA (Middle) — (Last) BUTTON

4. DATE OF DEATH: (Month) 4 (Day) 7 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	W	1879	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
NONE	NONE	Charles Co. Md.	UNKNOWN

13. FATHER'S NAME: Charles E Wade

14. MOTHER'S MAIDEN NAME: Catherine Youngman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	Hospital Record, Spring Grove State Hospital Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio - Respiratory Failure	½ hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Arteri - Sclerotic Cardio Vascular Disease	Years
	(c) DUE TO Generalized Arteriosclerosis	"

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒
NONE	NONE	

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO	NO			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 3/17/, 1952, to 4/7/, 1952, that I last saw the deceased alive on 4/7/, 1952 and that death occurred at 9:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

John A. Cohen M.D. Spring Grove State Hospital 4/7/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
3-11-52	Burial	Loraine Park Cem.	Balto. Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-9	[illegible]	John F. Malley Inc.	2435 E. Oliver St

JT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03864

CERTIFICATE OF DEATH

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Greenspring Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) Greenspring Ave.

3. NAME OF DECEASED (Type or Print): (First) THERESA (Middle) H. (Last) CAHN

4. DATE OF DEATH: (Month) Apr. (Day) 8 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Nov. 12, 1875

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lewis Hamburger

14. MOTHER'S MAIDEN NAME: Rosa Hamburger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mr. George Clarke - 1054 Mathieson Bldg.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute pulmonary edema (and treatment)	3½ hours
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease: congestive failure	18 years
	(c) Coronary thrombosis	12 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. - 1950, to April 8, 1952, that I last saw the deceased alive on April 8, 1952, and that death occurred at 3:10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ben Hamburger Jr. ADDRESS 1207 Eutaw Pl. DATE SIGNED 9 Apr. 1952

23. BURIAL, CREMATION REMOVAL (Specify) Cremation

DATE THEREOF 4/9/52

NAME OF CEMETERY OR CREMATORY Green Mount Crem.

LOCATION (City, town, or county) (State) Balto., Md.

DATE REC'D BY LOCAL REG. 4/9/52

REGISTRAR'S SIGNATURE A. W. Hedrick

24. FUNERAL DIRECTOR & L. M. Fuchs & Sons ADDRESS Balto Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

03865

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; LENGTH OF STAY (in this place) 17yrs.7mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Wicomico; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pittsville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Winford	H.	Campbell		Apr.	18	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	single	4-17-20	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none	none	unknown	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William H. Campbell	Sallie M. Riggin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Institution records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho-pneumonia with acute bronchitis and chronic sinusitis, and inanition.	24 hrs.
3 5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fractured skull with multiple hemorrhage- moderately severe (rt. linear)	3-25-52 to 4-18-52
	(c) Microcephalic idiot with quadriplegia	(from birth)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none.	none.	Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
none m.		none

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. D. Caplin	Deputy Md. Exam. M.D.	Registration md.	Apr 19 '52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr. 21, 1952	Pittsville Cemetery	Salisbury, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-15-52	Mary B. Eline	George L. Schwab, 2101 Frederick Ave. Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

RECEIVED
APR 22 1952
BUREAU V. S.

Item 8 FilmG142 4/28/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

03566

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1211 N

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 3

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)

4. DATE OF DEATH (Month) (Day) (Year) 19

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 83 / 1882

9. AGE If under 1 year: Months / Days; If under 24 hrs.: Hours / Min. — At last birthday yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Francis C. [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] — Interval between onset and death: 3 —

422 | Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] — Interval between onset and death: 6

(c) Ren — Interval between onset and death: 6

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture [illegible]

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF April 21, 1952

NAME OF CEMETERY OR CREMATORY New Cathedral

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/18/52

REGISTRAR'S SIGNATURE H.W. Redeker

24. FUNERAL DIRECTOR J.T. Cambus

ADDRESS 1328 Baltimore Springs Ave.

V Dece

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton; MARYLAND; LENGTH OF STAY (in this place) 30yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5803 East Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) 5803 East Ave

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) E (Last) Cassedy

4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 1-1875

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard At

10b. KIND OF BUSINESS OR INDUSTRY: Rustless Iron Co

11. BIRTHPLACE (State or foreign country): Balto City

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas E Cassedy

14. MOTHER'S MAIDEN NAME: Mary E. McLaughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-05-6812

17. INFORMANT: Mrs Charles Hess. 5803 East Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Instant

443X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteria-sclerotic hypertensive cardio-vascular Disease — Unknown.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/20, 1952, to 4/23, 1952, that I last saw the deceased alive on 4/23, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

N. J. Brattain M.D. 5829 Belair Rd. 6 5/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: 4/26/52

NAME OF CEMETERY OR CREMATORY: Parkwood Cem

LOCATION (City, town, or county) / (State): Balto Md

DATE REC'D BY LOCAL REG. 5-6-52

REGISTRAR'S SIGNATURE

21. FUNERAL DIRECTOR ADDRESS: Lanahan Funeral Home 7461 Belair Rd.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 68

CERTIFICATE OF DEATH

Reg. Dist. No. 99

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): 12 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft.Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1726 Lancaster St.

3. NAME OF DECEASED: (Type or Print) (First) BERNARD (Middle) JOHN (Last) CEBULSKI

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 5-7-26

9. AGE last birthday: 25 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest

10b. KIND OF BUSINESS OR INDUSTRY: U. S. Coast Guard

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Cebulski

14. MOTHER'S MAIDEN NAME: Anna Stankiewicz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW-II

16. SOCIAL SECURITY NO.: 219 18 8548

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) MALIGNANT HYPERTENSION — Interval Between Onset and Death: Unknown

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO — (b)

DUE TO — (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Mar. 27, 1952, to Apr. 8, 1952, [illegible] and that death occurred at 6:25 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

PAUL S. GOTSES, M.D. Paul S. Gotses 4/8/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 14, 1952 — NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 4/9/52 — REGISTRAR'S SIGNATURE: A. W. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: William Fialkowski 2007 Eastern Ave. Baltimore, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hill | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Joppa Rd. (Rural)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sandy Hill
STREET ADDRESS (If rural, give location) Joppa Rd. Rural

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) (Last) Philcoat

4. DATE OF DEATH: (Month) April (Day) 20th (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow | 8. DATE OF BIRTH: 12/30/1848 | 9. AGE last birthday: 53 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Balto. Co. Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Skenowerth | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Philip V. F. Philcoat 326 E. 20th St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) [illegible]

154 K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/ 5, 1952, to 4/ 20, 1952, that I last saw the deceased alive on 4/ 12, 1952, and that death occurred at [illegible] A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 4/23/52 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 1217 St. Paul St.

13870

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

[redacted] Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 403 Woodbine Ave	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Essex; STREET ADDRESS (If rural, give location) 403 Woodbine Ave

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Sheridan		Coleman		April	20,	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	April 9, 1865	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Novelty Salesman	Self	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Coleman	Elizabeth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Lillian Coleman, 403 Woodbine Avenue, Essex

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral sclerosis	12 yrs.
	(c) Generalized arteriosclerosis	12 yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Paraplegia.	5-6 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Douglas Bell,	M.D.	434 Eastern Ave. Essex, Md.	4/21/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	4/23/52	Moreland Park Cemetery	Parkville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/22/52	C. W. Kehnast	Wm. Cook Inc.	1217 St. Paul St.

VS. A154

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

71

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium, Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; STREET ADDRESS (If rural, give location) 7313 Willow Avenue

3. NAME OF DECEASED (Type or Print): (First) Herbert (Middle) J. (Last) Cook, JR

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Babe

8. DATE OF BIRTH: July 25 1950

9. AGE last birthday: 1 yrs.; If under 1 year: Months 8, Days 21; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Babe

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Bethesda, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Herbert J. Cook

14. MOTHER'S MAIDEN NAME: Cleta Statler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculous Meningitis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mediastinal Tuberculosis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 9 Mos

(07X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct X, 1951, to April 15, 1952 that I last saw the deceased alive on April 15, 1952, and that death occurred at 5:20 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Milton B. Kress M. D., ADDRESS Eudowood Sanatorium, Towson 4, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4-15-52 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Silver Spring Md

DATE REC'D BY LOCAL REG. Apr. 15 1952 — REGISTRAR'S SIGNATURE Mabel C. Gray

24. FUNERAL DIRECTOR Warner E. Pumphrey Silver Spring Md — ADDRESS 8434 Georgia Ave

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APR 18 1952
BUREAU V. S.

03872

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 (5-51)

1. PLACE OF DEATH: Rosewood State Training School

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)

LENGTH OF STAY (in this place): 5 yrs. 10 mo.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Owings Mills, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Pr. Geo.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale

STREET ADDRESS (If rural, give location): 4731 Woodbury Road. ✓

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Gabriel Magtanong Cortez	April 1, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS: Hours / Min.
Male	White	single	February 5, 1942	10 yrs. yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
inmate		Washington, D.C.	America

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Gabriel Magtanong Cortez	Agnes Anna Pruss.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Rosewood records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Lobar pneumonia, bilaterally	2 days.
490X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Sinusitis, chronic	unknown
	(c) Schilder's disease (encephalitis periaxialis diffusa.)	since 1½ yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 6-13-46 19....., to 4-1....., 19...52, that I last saw the deceased alive on 4-1....., 19..52., and that death occurred at 6:05 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Harry G. Butler M.D. Rosewood State Training School. 4-2-52.

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	4/4/52	Fort Lincoln	Colmar Manor, Maryland

DATE REC'D BY LOCAL REG. Apr 2-52 — REGISTRAR'S SIGNATURE A. E. Nichols

24. FUNERAL DIRECTOR — ADDRESS: Gaither's Funeral Home 3200 K.y. Ave. N.W. Wash. D.C.

RECEIVED
APR 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

73

1. PLACE OF DEATH: COUNTY Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bare Hills, Balto 9 — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bare Hills (Balto City 9) — STREET ADDRESS (If rural, give location) Falls Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Windom	Wadsworth	Costley	April	26	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs Hours	Min.
Male	Colored	Married	2-9-1898	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attendant	Filling Station	Maryland	U.S.

13. FATHER'S NAME: Jacob Wilson Costley

14. MOTHER'S MAIDEN NAME: Mary L. Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 212-14-6446

17. INFORMANT AND ADDRESS: Mrs. Ruth Costley, Balto 9 Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Neoplasm: Carcinoma left lung with metastasis general	1 year +
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin C. Hudson Md	D.M.E.	Towson Md	4/26/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	4-29-1952	Fairview	Carroll Co. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-28-52	Mary B. Sline.	C. M. Waltz,	Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

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MAY 2 19--
BUREAU V. S.

74

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3d

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Randallstown
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) M. (Middle) Lula (Last) Craig

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/24/1871

9. AGE last birthday: 81 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Music

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wm Craig

14. MOTHER'S MAIDEN NAME: Henrietta

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Meeks Randallstown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Degenerative Heart Disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Inanition

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 April, 1952, to 19 April, 1952, that I last saw the deceased alive on 19 April, 1952, and that death occurred at 1:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. E. Smith M.D. ADDRESS 1707 Edmondson Ave (28) DATE SIGNED 21 April 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 4/22/52 — NAME OF CEMETERY OR CREMATORY London Park — LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. 4-22-52 — REGISTRAR'S SIGNATURE C W Bedsch

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 41 ... 75

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FORT HOWARD | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS V.A. HOSPITAL — D.O.A.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SPARROWS PT. 091
STREET ADDRESS (If rural, give location) 1333 FOREST ROAD

3. NAME OF DECEASED (Type or Print): (First) GUY (Middle) CARL (Last) DEALE
4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	MARRIED	9/16/1894	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HEATER	STEEL MFGR.	VIRGINIA	U.S.A.

13. FATHER'S NAME: UNK
14. MOTHER'S MAIDEN NAME: MARTHA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
YES	W.W.I	216-07-5565	NORA B. DEALE — WIDOW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	3hrs.
4 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[illegible] M.D.	Dep. M.E. Balto. Co.	Dundalk, Md.	5/1/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	5/2/52	WALLER CHURCH YARD	PARTLOW, VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 1 - 1952	William J. Kelly J.P.	Wells Funeral Home	Dundalk, Md.

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BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]76

CERTIFICATE OF DEATH not Be

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 S-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Paradise Nursing Home, Paradise & Altamont Avenues

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 107 Forrest View Avenue

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) E. (Last) DEAN

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: March 29, 1856

9. AGE last birthday: 96 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret-Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: House

11. BIRTHPLACE (State or foreign country): Brunswick, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Dean

14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service) --

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Clarence L. Dean, 107 Forrest View Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart Block	24 hrs
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) ART S. CVD	Unknown
	DUE TO (c) Arteriosclerosis, generalized	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10 19 51, to April 4, 19 52, that I last saw the deceased alive on March 19 52 and that death occurred at 1.00 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Stephen Le Mayhew MD Catonsville 4-4-52

23. BURIAL, CREMATION REMOVAL (Specify): burial
DATE THEREOF: 4/7/52
NAME OF CEMETERY OR CREMATORY: Cedar Bluff Cemetery
LOCATION (City, town, or county) (State): Annapolis, Maryland

DATE REC'D BY LOCAL REG. 4/7/52
REGISTRAR'S SIGNATURE: a w Hedrick

24. FUNERAL DIRECTOR: Wm. Cook Inc., ADDRESS: 1217 St. Paul Street

Filmed 5/7/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03877

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Annecoot Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 10 W. Joppa Road

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Augusta (Last) De Moss

4. DATE OF DEATH: (Month) April (Day) 28 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 18 1875

9. AGE last birthday: 77 76 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Adler

14. MOTHER'S MAIDEN NAME: Mary Skelton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Edgar de Moss, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteio Sclerosis Sen Senility (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 8, 1952, to April 25, 1952, that I last saw the deceased alive on April 28, 1952, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

SIGNATURE: Laurence C. Pool (Degree or title) M. D. ADDRESS 6805 York Rd DATE SIGNED 4/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF May 1, 1952 — NAME OF CEMETERY OR CREMATORY Fork Methodist Cemetery — LOCATION (City, town, or county) (State) Fork, Balto. Co., Md.

DATE REC'D BY LOCAL REG. Apr. 30, 1952 — REGISTRAR'S SIGNATURE Mabel C. Gray — 24. FUNERAL DIRECTOR John Bourne Towson — ADDRESS Towson, Md.

RECEIVED
MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 78

CERTIFICATE OF DEATH

Reg. Dist. No. 28

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ages especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1801 South Road, Baltimore 9, Md.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Charles	Rufus	Dennett	April 21, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	3-23-1884	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Lumberman		Kansas	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward C. Dennett	Sarah Recker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS
Unknown	333-05-4018	Mrs. Margaret M. Dennett 1801 South Road, Baltimore 9, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio respiratory failure	11 hours
4200 DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease	Years
DUE TO		
	(c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerotic nephrosclerosis — Years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 4-11-, 19 52, to 4-21-, 19 52, that I last saw the deceased alive on 4-21-, 19 52, and that death occurred at 8.50 P. m. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ethel B Hermann Greene MD — Spring Grove State Hospital, Catonsville 28, Maryland — 4-21-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	April 23, 1952	Belview	Omaha, Nebraska

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/23/52	A W Hedrick	Burgee Funeral Home — Israel F. Burgee	3631 Falls Road

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03879

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
LENGTH OF STAY (In this place): 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 106 Old Court Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville
STREET ADDRESS (If rural, give location): 106 Old Court Road

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Henry (Last) DeVese

4. DATE OF DEATH: (Month) Apr. (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 12, 1890

9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener

10b. KIND OF BUSINESS OR INDUSTRY: Mrs. Wm. Blackford

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William DeVese

14. MOTHER'S MAIDEN NAME: Carrie France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213

17. INFORMANT AND ADDRESS: Mrs. Mary V. DeVese

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Artery Disease — Interval between onset and death: 6 mo.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH: none

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none

(CITY OR TOWN) (COUNTY) (STATE): none

TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE: D. D. Caples — (Degree or title): Deputy Med. Exam. M. D. — ADDRESS: Reisterstown, Maryland — DATE SIGNED: Apr. 9, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr. 11, 1952 — NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery — LOCATION (City, town, or county) (State): Woodlawn Maryland

DATE REC'D BY LOCAL REG.: 4/10/52 — REGISTRAR'S SIGNATURE: C W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Austin E. Donovan, 3818 Roland Ave. Baltimore, Maryland

VS-415A

Item 1-See Film G140 4/9/52 jt

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

80

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. NAME OF DECEASED (Type or Print): JANE Amanda James DIGGS

2. DATE OF DEATH: April 1 1952

3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. County

B FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Owings Mills Road

c Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission): A. STATE Md B COUNTY Balto. County

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Balto.

D. STREET ADDRESS (If rural, give location): Owings Mills Road

5 SEX	6 COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Colored	Married	3-8-1879	73		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Emory DIGGS

14. MOTHER'S MAIDEN NAME: Sarah Gardner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO:

17. INFORMANT ADDRESS:

CERTIFICATION

18. CAUSE OF DEATH

		INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Generalized Arteriosclerosis	6 years
	DUE TO Hypertension and Uremia	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Cerebrovascular accident	6 years
	DUE TO (C) hypertension and arteriosclerosis	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Hypostatic Pneumonia	1 week

22. *I hereby certify that I attended the deceased from* Jan. 1, 1947 *to* April 1, 1952, *that I last saw the deceased alive on* April 1, 1952, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Hugh G. Whitehead M. D.	1201 N. Calvert St. Baltimore Md.	4-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	4-4-52	St. Luke	Reisterstown Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4/3/52	[signature]	Joseph S Russ	1200 McCulloh St. Balto 17

PLEASE WRITE PLAINLY IN INK. Every item of information should be carefully supplied and correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

81

Reg. Dist. No. 46

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 30 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 2311 Washington Blvd.

3. NAME OF DECEASED: (Type or Print) (First) BROENING (Middle) H. (Last) DRIVER

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-4-14?

9. AGE last birthday: 38? yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Driver

14. MOTHER'S MAIDEN NAME: Hattie Grace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 212-10-6167

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) HEMORRHAGE FROM ESOPHAGEAL VARIX	1 month
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ACUTE AND CHRONIC ALCOHOLISM	Unknown
DUE TO		
	(c) CIRRHOSIS OF LIVER DUE TO ACUTE AND CHRONIC	6 months

5841

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ALCOHOLISM

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10 1952, to April 9, 1952, [illegible] and that death occurred at 8:25 A.m., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (DEGREE OR TITLE) ADDRESS: JOSEPH M. MILLER, M. D., CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 4-9-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-14-52

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 4/10/52

REGISTRAR'S SIGNATURE: A W Redmond

24. FUNERAL DIRECTOR ADDRESS: Edward Toulson 2359 Washington Blvd. Baltimore, Maryland

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82 41

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
LENGTH OF STAY (in this place) 57 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 518 S. 48th Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colgate
STREET ADDRESS (If rural, give location) 518 S. 48th St.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) B. (Last) Droll
4. DATE OF DEATH: (Month) 4- (Day) 16- (Year) 52 19

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4- 5- 85
9. AGE last birthday: 67 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Mt. Clare Shops.
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Adolpf
14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Marie Droll same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	Mar 17 1952
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arterio Sclerosis	1943
	(c)	Hypertension & Myocarditis	1943

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug ..... , 19 43, to Apr 16, 19 52, that I last saw the deceased alive on Apr 15, 19 52, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE: William J. Kretzmar (Degree or title) M.D. ADDRESS 3426 Lynch Rd DATE SIGNED Apr 18-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 4-19-52
NAME OF CEMETERY OR CREMATORY: Oak Lawn
LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 4/18/52
REGISTRAR'S SIGNATURE: A. Hedrick Deputy
24. FUNERAL DIRECTOR: Lilly & Zeiler, Inc. ADDRESS 403 S. Wolfe Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. No. 838

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place) 2 mos. 16days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons Island

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Nellie	B.	Elliott	April 8, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	8-8-1893	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
?	?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown	Unknown	Mrs. Mildred C. DeBoy-Dau. Solomons Island, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardio-respiratory failure	1 day.
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Pulmonary congestion & edema	2 days
	(c) DUE TO Cerebro-vascular accident - left.	2 days.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7-, 19 52, to 4-8-, 19 52, that I last saw the deceased alive on 4-8-, 19 52, and that death occurred at 7:20 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ethel B Herrmann-Green MD — Spring Grove State Hospital Catonsville 28, Maryland — 4-8-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/11/52	Solomons Catholic Cem.	Solomons - Calvert Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/9/52	V E Barry	R. A. Harkness & Son	Mutual, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH
COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS PT (19)
LENGTH OF STAY (in this place): 25 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 508 F. ST

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD
COUNTY: BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SPARROWS PT. (19)
STREET ADDRESS (If rural, give location): 508 F. ST.

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) LAWRENCE (Last) EWING

4. DATE OF DEATH: (Month) 4 (Day) 13 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: 3/11/1912

9. AGE last birthday: 40 yrs.

If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FIREMAN

10b. KIND OF BUSINESS OR INDUSTRY: FIRE DEPT.

11. BIRTHPLACE (State or foreign country): BALTIMORE, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOSEPH L. (SR.)

14. MOTHER'S MAIDEN NAME: ALICE BERTRAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY No.: 213-09-0638

17. INFORMANT AND ADDRESS: MILDRED A. EWING - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Amyotrophic Lateral Sclerosis — Interval Between Onset and Death: 18 mos.

356.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 15, 1950, to April 13 1952, that I last saw the deceased alive on April 12, 1952, and that death occurred at 3:30 P.M., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) M.D. ADDRESS: 520 J St. Sparrows Pt. Md DATE SIGNED: 4-14-52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE THEREOF: 4/17/52
NAME OF CEMETERY OR CREMATORY: OAK LAWN
LOCATION (City, town, or county) (State): BALTO. CO. MD.

DATE REC'D BY LOCAL REG.: April 15-1952
REGISTRAR'S SIGNATURE: William M Kelly

24. FUNERAL DIRECTOR: [illegible] ADDRESS: [illegible], Md

520

RECEIVED
APR 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3544

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 365 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1109 Sharpe Street

3. NAME OF DECEASED (Type or Print): (First) WELLS (Middle) (NMI) (Last) FELDER

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-27-21

9. AGE last birthday: 30 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Upholsterer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Judenson, S. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Gilbert Felder

14. MOTHER'S MAIDEN NAME: Callie Ballet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) TUBERCULOSIS, CHRONIC, PULMONARY, FAR ADVANCED,	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO ACTIVE (b) DUE TO (c)	

00 X X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from March 20 19 51, to April 24 19 52, [illegible] and that death occurred at 10:30 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

A. E. Fuch, M.D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND 4-25-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4/29/52 — NAME OF CEMETERY OR CREMATORY Baltimore National — LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 4/29/52 — REGISTRAR'S SIGNATURE a w Hedrick

24. FUNERAL DIRECTOR Isaiah L. Brown & Sons — ADDRESS 108 W. Montgomery St., Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH 03886

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (In this place) 7 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) (Last) Fine

4. DATE OF DEATH (Month) April (Day) 5 (Year) 195[illegible]

5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH Unknown | 9. AGE last birthday 93 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY None | 11. BIRTHPLACE (State or foreign country) Russia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown | 14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Spring Grove Hospital.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure

1437 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Cardio vascular disease

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide , undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jer. J. McKiefer M.D. Certified Pub. Health 1810 Eutaw Pl. April 5 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-6-52 | NAME OF CEMETERY OR CREMATORY Herring Run | LOCATION (City, town, or county) Balto (State) Md.

DATE REC'D BY LOCAL REG. APR 6 - 1952 | REGISTRAR'S SIGNATURE Huntington Williams, M.D. | 24. FUNERAL DIRECTOR Jack Lewis Inc ADDRESS 2100 Eutaw Pl

4-8-52 Victor Harry (cmd)

APR 8 1952
BUREAU

CHO

DATE 4-8-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7302 Manchester Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7302 Manchester Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELEANOR	M	FRANCE	APR.	19	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W.	SINGLE	3-12-20	32 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
UNEMPLOYED	—	BALTO.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LAWRENCE B. FRANCE	MARY N. FIFER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
—	NONE	MR. L B. FRANCE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Acute Pulmonary Tuberculosis	14 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)		
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1940, to Apr 19, 1952, that I last saw the deceased alive on Apr 19, 1952, and that death occurred at 5.30 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Morris A. Jacobs	M.D.	1010 North Point Road	4/21/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	4-22-52	OAKLAWN	EASTERN AVE	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/21/52	[illegible]	Mrs. Mildred J. Blight	6009 Hartford Rd

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

pc Reg. Dist. No. 3c) 45538

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville

LENGTH OF STAY (in this place) 8yrs.9mos.17days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City

STREET ADDRESS (If rural, give location) Unknown ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Ida		Ganoe	April 2, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed	8-18-1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		West Virginia	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Joseph Wainer	Rebecca Shank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
Unknown	Unknown	Mrs. Virginia Keely-Niece 209 Lincoln Place, Brooklyn, New York

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio respiratory failure	2 hours
420.0	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease	Years
	DUE TO	
	(c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerotic nephrosclerosis — Years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 3-26, 19 52, to 4-2, 19 52, that I last saw the deceased alive on 4-2, 19 52, and that death occurred at 6.00 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B Hermann-Greer MD ADDRESS Spring Grove State Hospital Catonsville 28 Maryland DATE SIGNED 4-3-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 8-1952	Cathedral Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/7/52	A W Bedsaul	Stewart & Mowen Co.	108 W. North Ave. City #1.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 63 Murdock Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) 63 Murdock Road

3. NAME OF DECEASED (Type or Print): (First) Elmira (Middle) Hatfield (Last) Gebhardt

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 13, 1870

9. AGE last birthday: 81 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Hatfield

14. MOTHER'S MAIDEN NAME: Eliza Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset and Death: 21 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Chronic Glomerular Nephritis — Unknown

450.0 (c) Arteriosclerosis - Generalized — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) ~~Apr 13 1952 9:45~~

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1951, to Apr 13, 1952, that I last saw the deceased alive on Apr 13, 1952, and that death occurred at 9:45 A.m., from the causes and on the date stated above.

SIGNATURE: Edward L Zepp (Degree or title): M.D. ADDRESS: 427 Hopkins Pl Baltimore DATE SIGNED: Apr 14 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April 14 1952 | NAME OF CEMETERY OR CREMATORY: New Funeral Home | LOCATION (City, town, or county) (State): Black Rock Falls, Wisc.

DATE REC'D BY LOCAL REG.: April 14, 1952 | REGISTRAR'S SIGNATURE: Mabel L. Gray

24. FUNERAL DIRECTOR: Frank Devine's Sons, Towson, Md. ADDRESS

RECEIVED
APR 16 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Cockeysville
LENGTH OF STAY (in this place) 59 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Cockeysville
STREET ADDRESS (If rural, give location) Falls Road

3. NAME OF DECEASED (Type or Print): (First) Myra (Middle) Ann (Last) Gent

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 15 March 1893

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Cockeysville Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Errick W. Gent

14. MOTHER'S MAIDEN NAME: Hannah Rebecca Cox

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ethel Griffith - Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	5 wks
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic cardio-vascular disease	4 years
11 x.	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 1 yr

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to April, 1952, that I last saw the deceased alive on 3rd April, 1952, and that death occurred at 5 P m., from the causes and on the date stated above.

SIGNATURE: Walter T. Lees (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 5 April 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: April 9, 1952
NAME OF CEMETERY OR CREMATORY: Grace Methodist Cemetery
LOCATION (City, town, or county) (State): Chestnut Ridge, Md.

DATE REC'D BY LOCAL REG.: 10 April 1952
REGISTRAR'S SIGNATURE: Anna Armistead MacRae
24. FUNERAL DIRECTOR: John Burns' Sons
ADDRESS: Towson, Md.

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APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 91

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (In this place): 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY [illegible]

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 31 Dihedral Drive

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
PHILIP R. GLEASON	April 8 19 52	Male	White	Married	3-1-91	61 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Unemployed		New Canaan, Conn.	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frank Gleason	Lillian Raymond

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW I	552-18-5894	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) RETROPERITONEAL CANCER, ORIGIN UNDETERMINED — UNKNOWN

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

1582

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from April 2., 1952., to April 8., 1952., and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE: William B. Vaudreuil

(DEGREE OR TITLE) ADDRESS: WILLIAM B. VAUDREUIL, M. D., VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 4-9-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation		Loudon Park Cemetary	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/16/52	a W Hedrick	Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland — Mildred T. Blight

SHIP TO: Cypress Cemetery Association c/o M. B. Chalker, President, Old Saybrook, Conn.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30 — 03934

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 2mos. 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1008 Hillman Street

3. NAME OF DECEASED: (Type or Print) (First) Morris (Middle) [illegible] (Last) Morris
4. DATE OF DEATH: (Month) April (Day) 9, (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed	Unknown	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown		Maryland	U.S.

13. FATHER'S NAME: Azic Goldman
14. MOTHER'S MAIDEN NAME: Dora Sabler?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Unknown	Unknown	Mrs. Rebecca Dunder-Sister 23 Jackson Place, Baltimore, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardio-respiratory failure	1 hour
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease	Years
DUE TO		
	(c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerotic nephrosclerosis — Years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 2-7-, 1952, to 4-9-, 19 52, that I last saw the deceased alive on 4-9-, 19 52, and that death occurred at 5:55 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
Ethel B. Hermann-Green MD — Spring Grove State Hospital Catonsville 28, Maryland — 4-9-52

23. BURIAL, CREMATION OR REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-11-52	Mt Carmel	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-9-52	V.E. Harry	Jacob Lewis Inc	2100 Eutaw Pl

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APR 14 1952
BUREAU V. S.

Item 9 Film 142 4/17/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18, 32 30

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CATONSVILLE
LENGTH OF STAY (In this place) 7 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS SPRING GROVE STATE HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY ANNE ARUNDEL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ANNAPOLIS MD.
STREET ADDRESS (If rural, give location) 9 THOMPSON ST. V

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) FRANCES (Last) GOODWIN

4. DATE OF DEATH: (Month) 4 (Day) 12 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: 9-19-74

9. AGE last birthday: 77 87 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEKEEPER

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: S. RAWLINGS GOODWIN

14. MOTHER'S MAIDEN NAME: MARY JANE HOPKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) UPPER RESPIRATORY INFECTION — la GRIPPE	7 DAYS
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DECUBITUS AND DEHABILITATION	7 MONTHS
DUE TO		
	(c) PSYCHOSIS WITH GENERALIZED ARTERIOSCLEROSIS	INDEFINITE

481.4

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2:45 P.M., from the causes and on the date stated above.

SIGNATURE Albert A Kurland (DEGREE OR TITLE) MD ADDRESS Spring Grove State Hosp. DATE SIGNED 4-12-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): DATE THEREOF April 14, 1952 — NAME OF CEMETERY OR CREMATORY St. Anne's — LOCATION (City, town, or county) Annapolis (State) Md.

DATE REC'D BY LOCAL REG. April 14, 1952 — REGISTRAR'S SIGNATURE Victor Harry — 24. FUNERAL DIRECTOR John M. Taylor Son — ADDRESS Annapolis Md.

cmc

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 038934

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A-6 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 706 W. Fayette Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) W. (Last) GRAHAM

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9-1-25

9. AGE last birthday: 26 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Sink.

11. BIRTHPLACE (State or foreign country): Wilmington, N. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Haywood Graham

14. MOTHER'S MAIDEN NAME: Jeanette Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — **(If Yes, give war or dates of service)** WW II

16. SOCIAL SECURITY NO.: 237-20-1700

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause 430.0	(a) ACUTE BACTERIAL ENDOCARDITIS DUE TO BETA HEMOLYTIC	20 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) MULTIPLE ABSCESSES DUE TO SEPTICEMIA, SECONDARY TO	20 days
	(c) DUE TO ABOVE	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): **PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY** (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. **INJURY OCCURRED While at work ☐ Not while at work ☐** **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from March 26 1952, to April 10 1952, [illegible] and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) ADDRESS: IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. DATE SIGNED: 4-10-52

23. BURIAL, CREMATION REMOVAL (Specify): **DATE THEREOF:** April 13 **NAME OF CEMETERY OR CREMATORY:** Wilmington National **LOCATION (City, town, or county) (State):** Wilmington, North Carolina

DATE REC'D BY LOCAL REG.: April 12-1952 **REGISTRAR'S SIGNATURE:** R.O.

24. FUNERAL DIRECTOR ADDRESS: Adolphus Halstead 918 Druid Hill Ave. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 3424

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Howard

LENGTH OF STAY (In this place) 36 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 902 Druid Hill Avenue

3. NAME OF DECEASED: (Type or Print) (First) LEROY (Middle) (NMI) (Last) GREEN

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3-6-26

9. AGE last birthday: 26 yrs.

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY: Cocktail Lounge

11. BIRTHPLACE (State or foreign country): Wilmington, North Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luke Green

14. MOTHER'S MAIDEN NAME: Emma Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 213-20-4549

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CHRONIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

5922 Antecedent cause(s) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 14 1952, to April 19 1952, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

WILLIAM E. VALENTINE, M. D. VAH, FORT HOWARD, MARYLAND 4-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4/24/52

NAME OF CEMETERY OR CREMATORY Mount Calvary Cemetery

LOCATION (City, town, or county) (State) Anne Arundel Co., Maryland

DATE REC'D BY LOCAL REG. 4/22/52

REGISTRAR'S SIGNATURE A W Hedrick

24. FUNERAL DIRECTOR ADDRESS Charles R. Law 802 Madison Avenue Baltimore 1, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(1953)

Reg. Dist. No. 32

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15'

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison; LENGTH OF STAY (In this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Valley Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Garrison; STREET ADDRESS (If rural, give location) Valley Road

3. NAME OF DECEASED (Type or Print): (First) Herbert (Middle) (Last) Griffiths

4. DATE OF DEATH: (Month) (Day) (Year) April 25, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: June 12, 1887

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftsman

10b. KIND OF BUSINESS OR INDUSTRY: Super Wachter + Sauer

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Griffiths

14. MOTHER'S MAIDEN NAME: Mollie Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 066-10-2917

17. INFORMANT AND ADDRESS: Mrs. Ethel Griffiths, Garrison, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	10 min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Sclerosis - Art. Sclerosis	1 yr.
	(c) Hypertension	2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1945, to April 25th, 1952, that I last saw the deceased alive on April 25th, 1952, and that death occurred at 11:40 P. m., from the causes and on the date stated above.

SIGNATURE: James A. Miller (Degree or title) ADDRESS: Pikesville-8, Md DATE SIGNED: 4/26/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 28/52

NAME OF CEMETERY OR CREMATORY: Stone Chapel

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 4-28-52

REGISTRAR'S SIGNATURE: D E Richards

24. FUNERAL DIRECTOR: J.F. Eline & Sons, Reisterstown, Md.

ADDRESS

RECEIVED
APR 29 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (In this place) Few hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1907 Hillsdale Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 6609 Tallulah Ave

3. NAME OF DECEASED (Type or Print): (First) Hellen (Middle) M (Last) Hall

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 19 52

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH May 13 1895

9. AGE last birthday 56 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Garland Ind Co

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leonard Norris

14. MOTHER'S MAIDEN NAME Mollie Block

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 216 01 3344

17. INFORMANT AND ADDRESS Mrs Morgan Schuster 2222 Rollingwood Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary heart disease

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lee M. Kieffer M.D. Baltimore 1010 Cedar Ave April 18 52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF April 21 52 — NAME OF CEMETERY OR CREMATORY Lorraine Cemetery — LOCATION (City, town, or county) Woodlawn — (State) Md

DATE REC'D BY LOCAL REG. April 19, 1952 — REGISTRAR'S SIGNATURE R W

24. FUNERAL DIRECTOR — ADDRESS

J. Willis Sherman 4510 Liberty Heights Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 93 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
LENGTH OF STAY (in this place) 68 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Granite
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Eva (Middle) Estelle (Last) Hamilton

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 26, 1884

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Leander Burgess

14. MOTHER'S MAIDEN NAME: Louise Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Louis E. Hamilton Jr., Granite, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary thrombosis — DUE TO — 1/2 hr

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Cardio Vascular Disease — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to 4/27/52, 19..., that I last saw the deceased alive on 4/24/52, 19..., and that death occurred at 1:45 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Wm. E. Martin M.D. Randallstown Md 4/27/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4-30-52

NAME OF CEMETERY OR CREMATORY St Johns

LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE RECD BY LOCAL REG. 4/27/52

REGISTRAR'S SIGNATURE Wm. E. Martin

24. FUNERAL DIRECTOR ADDRESS

Weed Height - Sykesville, Md.

Weed & Height

RECEIVED
MAY 6 19
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY: Baltimore	STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland	COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mount Wilson	LENGTH OF STAY (in this place): 3 yrs. 8 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mt. Wilson State Hospital		STREET ADDRESS (If rural, give location): 307 Sharp Street	

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Walter	------	Hanlon		Apr.	26	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	July 13, 1887	64 yrs.	9	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Marble Worker		Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Hanlon	Katie Drew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Unknown	Walter Hanlon 307 Sharp Street, Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary tuberculosis; far advanced	About 8½ yrs.
002 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 18, 1949, to Apr. 26, 1952, that I last saw the deceased alive on Apr. 26, 1952, and that death occurred at 4:10 A.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Heyerman M.D.	Supt.	Mt. Wilson, Maryland	Apr. 26, 1952

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/28/52	St. Charles Cemetery	Pikesville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/26/52	Helen R. Frazer	Frank Newell	Pikesville, Maryland

RECEIVED
APR 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]599

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville 8 | LENGTH OF STAY (In this place): 30 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 320 Church Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pikesville 8, Md.
STREET ADDRESS (If rural give location): 320 Church Lane

3. NAME OF DECEASED (Type or Print): (First) Morris (Middle) Frederick (Last) Harden

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): M

8. DATE OF BIRTH: 23 August 1903

9. AGE last birthday: 49 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Builder

10b. KIND OF BUSINESS OR INDUSTRY: Houses

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jesse Alonza Harden

14. MOTHER'S MAIDEN NAME: Lucy Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Maude Harden - 320 Church Lane, PKsvlle

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 years
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 October, 1950, to 26 April, 1952, that I last saw the deceased alive on 5 March, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles V. Williams, M.D. — ADDRESS: Pikesville 8, Md. — DATE SIGNED: 26 April '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/29/52 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cem. | LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG.: 4/29/52 | REGISTRAR'S SIGNATURE: [signature] | 24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons — ADDRESS: Balto., 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

LENGTH OF STAY (in this place) 47years 18das.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Stanford H. Harris	April 15, 1952	Male	White	Single	Unknown	73 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Chemist	Unknown	North Carolina	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thomas C. Harris	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown	Unknown	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Conjestion and Edema	Terminal
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Lobular Pneumonia	4 days
	DUE TO (c) Cerebral Vascular accident	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis and hypertension — Unknown

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 3-7, 1952 to 4-15, 1952, that I last saw the deceased alive on 4-15, 1952, and that death occurred at 1:05 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Ethel B. Hermann-Greco MD — Spring Grove State Hospital, Catonsville 28, Maryland — 4-15-52

23. BURIAL, CREMATION OR REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	4/17/52	London Park	8700 Fredrick Ave.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/17/52	V.E. Harry	Harry H. Weitzke	4101 Edmondson Ave.

VS. A-6-51

RECEIVED
APR 21 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. [illegible] No. 101

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALS 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (In this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 909 S. Sharpe Street

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) H. (Last) HILL

4. DATE OF DEATH: (Month) April (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/3/97

9. AGE last birthday: 54 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Hill

14. MOTHER'S MAIDEN NAME: Florence Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: 212-09-1196

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) BRONCHOGENIC CARCINOMA	Unknown
162X	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to April 13 1952 [illegible], and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE: L B Houle — (DEGREE OR TITLE) ADDRESS: LAURENT B. HOULE, M.D. VAH, FORT HOWARD, MD. — DATE SIGNED: 4/13/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4/17/52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 4/15/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Isaiah L. Brown & Sons, 108 W. Montgomery Street, Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

5302

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4116 Northern Parkway	STREET ADDRESS (If rural give location) 4116 Northern Parkway

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Mary	V.	Hill	April	3,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	July 29, 1867	84 yrs yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Reisterstown, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Scott	Ann Rebecca Stivers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No	Dr. John Sharpley, 4116 Northern Parkway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	6 days
443K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio-Vascular Hypertensive Disease	15 years
	(c) Arteriosclerosis	15 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Feb. 19, 1952, to April 3, 1952, that I last saw the deceased alive on April 2, 1952, and that death occurred at 2:25 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Michael J. Dorsch	M.D.	4636 Belair Road	4-3-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 5, 1952	Druid Ridge Cemetery	Pikesville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/3/52	M.W. Medical Dir.	Miller & Amoreau	4510 Liberty Heights Ave.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0303

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 — LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 129 Willow Spring Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Henry (Last) Hoffman
4. DATE OF DEATH: (Month) April (Day) 18 (Year) 52
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 22 1902
9. AGE last birthday: 49 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iron Foundry
10b. KIND OF BUSINESS OR INDUSTRY: Pattern Maker
11. BIRTHPLACE (State or foreign country): Phila. Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Alfred Hoffman
14. MOTHER'S MAIDEN NAME: Sally Brenner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: 213-09-0372
17. INFORMANT AND ADDRESS: Mrs. Leah Hoffman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 42 y.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 18-52-3:30 P.M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
H. McCarmine M.D. — Dept. of Medical Examiner Balto. Co. Dundalk 22 Md — 4/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF 4/21/1952 — NAME OF CEMETERY OR CREMATORY: OBERLIN — LOCATION (City, town, or county) (State): OBERLIN, PENNA.

DATE REC'D BY LOCAL REG. April 19-1952 — REGISTRAR'S SIGNATURE William M Kelly Jr. — 24. FUNERAL DIRECTOR — ADDRESS: Wm. Brooks Bradley, Dundalk, Md.

RECEIVED
APR 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1064

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A6-15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 316 Park Avenue

3. NAME OF DECEASED: (Type or Print) (First) YEE (Middle) (Last) HOM

4. DATE OF DEATH: (Month) April (Day) 30 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Yellow	Married	7-24-93	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laundry Work		San Francisco, Calif.	U. S. A.

13. FATHER'S NAME: Foo Sing Hom

14. MOTHER'S MAIDEN NAME: Wong Shee (MN: Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes — WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) ARTERIOSCLEROTIC HEART DISEASE AND CARDIAC DECOMPENSATION	27 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) DIABETES MELLITUS, UNCONTROLLED	5 years
	DUE TO (c) CHRONIC NEPHRITIS WITH UREMIA	27 days
	(c) GANGRENE OF THE LEFT FOOT SECONDARY TO DIABETES	2½ months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. MELLITUS, UNCONTROLLED

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
4-10-52	Amputation left leg, above knee	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 3, 1952, to April 30 1952, and that death occurred at 5:45 A. m., from the causes and on the date stated above.

SIGNATURE: Irving G Freeman
(DEGREE OR TITLE) ADDRESS: IRVING G FREEMAN, M.D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD.
DATE SIGNED: 5-1-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May-5-1952	Lorraine cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
5/2/52	Dan Medved	Stewart & Mowen Co, 108 W. North Ave., Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1818 Edmondson Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLARA	McNinch	Hoover	April 17, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	Oct. 14, 1867	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Baltimore Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas McNinch	Elizabeth Peddicord

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mrs. Twilah Elliott Presbyterian Home Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Mesenteric Thrombosis	12 hours
450,0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	7 years
	(c) Senility	7 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Apr., 1950, to Apr. 17, 1952, that I last saw the deceased alive on April 16, 1952, and that death occurred at 9 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. V. Chalfant M.D.	6210 York Rd. Baltimore 12, Md.	April 18, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 19, 1952	Loudon Park	Baltimore,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/18/52	[illegible]	John O. Mitchell & Sons	1900 Eutaw Place

VS. A15

Item 21 Film G142 4-22-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

006

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upperco; LENGTH OF STAY (In this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Black Rock & Ridge Rds.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson 4, Md.; STREET ADDRESS (If rural, give location) 7 Burke Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Kenneth (Last) Horton

4. DATE OF DEATH: (Month) April (Day) 3, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 16, 1897

9. AGE last birthday: 54 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil engineer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pittsfield, Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Horton

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 217-07-0102

17. INFORMANT AND ADDRESS: Mrs. Agnes L. Horton, 7 Burke Ave. Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide - Carbon Monoxide Poisoning — 3 hrs.

973.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: None. (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? None Auto exhaust

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: M. D. Caples (Degree or title) Deputy Med. Exam. M.D. ADDRESS: Reisterstown, Md. DATE SIGNED: 4-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: April 5, 1952; NAME OF CEMETERY OR CREMATORY: Cedar Bluff; LOCATION (City, town, or county) (State): Annapolis, Md

DATE REC'D BY LOCAL REG. 4-4-52; REGISTRAR'S SIGNATURE: Mary B. Elmo

24. FUNERAL DIRECTOR: [illegible] ADDRESS: Annapolis, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1 A T

RECEIVED
APR 10 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 257 RIVERVIEW

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 257 RIVERVIEW AVE

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) BRONWEN (Last) HUGHES
4. DATE OF DEATH: (Month) APRIL (Day) 15 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	MARRIED	NOV. 13, 1892	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): WALES
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: RICHARD JONES
14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: OWEN J. HUGHES 257 RIVERVIEW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma, Lt. Breast with

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Metastasis

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 2 yrs. (b) 2 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 19 49, to April 19 52, that I last saw the deceased alive on April 14, 19 52, and that death occurred at 4 00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W J Davis MD
ADDRESS: 6800 Marnyton Rd - Dundalk Md
DATE SIGNED: 4/16

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	APR. 18, 1952	OAK LAWN	COLGATE MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 18-1952	William M. Kelly Jr	ULLRICH FUNERAL HOME	2112 DUNDALK.

RECEIVED
APR 22 1952
BUREAU U. S.

Item 9 FilmC142 4/17/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11-3004/4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5 8-51

1. PLACE OF DEATH:
COUNTY Baltimore, Maryland — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Vet. Adm. Hosp., Ft. Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Ferndale
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 107 Wells Ave Ferndale, Maryland

3. NAME OF DECEASED: (Type or Print) (First) Fred (Middle) H. (Last) Sell

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12/23/73

9. AGE last birthday: ~~79~~ 78 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None DAV.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CEREBRO-VASE ACCIDENT	UNKNOWN
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	UNKNOWN
	(c) DUE TO	

33 IX

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/4, 1952, to 4/6, 1952, ~~that I last saw the deceased alive on~~ ~~and that death occurred at~~ 5:50 p.m., from the causes and on the date stated above.

SIGNATURE Robert C. Bair M.D. — (DEGREE OR TITLE) ADDRESS VAH, Fort Howard, Maryland — DATE SIGNED 4/6/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 4-9-52

NAME OF CEMETERY OR CREMATORY Meadowridge

LOCATION (City, town, or county) Washington Blvd. (State) Md

DATE REC'D BY LOCAL REG. 4/8/52

REGISTRAR'S SIGNATURE A W Roderick

24. FUNERAL DIRECTOR Howard Blight Funeral Home — ADDRESS 6009 Harford Rd. Balto., Md.

Mildred T. Blight

STATE OF MARYLAND—CERTIFICATE OF DEATH

B- 909

1. PLACE OF DEATH

County Baltimore Registration Dist. No.

Village or City Dalethorpe No. 1900 N. East Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred yrs. 2 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John H. Johnson 219-07-5230 If U. S. Veteran, specify WAR

(a) Residence: No. 1109 Madison Ave. Baltimore Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Widowed

5a. If married, widowed, or divorced HUSBAND of (or) ~~WIFE of~~ Cora Johnson

6 DATE OF BIRTH (month, day, and year) July 25, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	77	8	7	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waiter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Restaurant

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Davidsonville Md.
(State or country)

FATHER

13. NAME William B. Johnson

14. BIRTHPLACE (city or town) Md.
(State or country)

MOTHER

15. MAIDEN NAME Angeline C. Chare

16. BIRTHPLACE (city or town) Md.
(State or country)

17. INFORMANT Mary B. Hunter (Sister)
(Address) 1236 Argyle Ave.

18. BURIAL, CREMATION, OR REMOVAL
Place Md. Auburn Cem. Date , 19

19. UNDERTAKER John H. Johnson
(Address) 1700 Druid Hill Ave

20. FILED 4/3, 19 35 Dec Hedrick
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 1st, 1935
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1934 to April 1st, 1935

I last saw him alive on March 31st, 1935; death is said to have occurred on the date stated above, at 8:10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	
Other Contributory Causes of Importance:	
TTX	

Name of operation Date of

What test confirmed diagnosis? Biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hugh A. Hagerty M. D.

(Address) 3 E. Eutaw St.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03910

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annestie | LENGTH OF STAY (in this place) 3 Mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 610 Annestie Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 3043 Edgewood Ave

3. NAME OF DECEASED (Type or Print): (First) Jessie (Middle) [illegible] (Last) Kellow
4. DATE OF DEATH: (Month) Apr (Day) 21 (Year) 1952

5. SEX: F | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED | 8. DATE OF BIRTH: June 25 1892 | 9. AGE last birthday: 59 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home wife
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Hardin Co Tenn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robt C Breckenridge
14. MOTHER'S MAIDEN NAME: Gertrude Hardin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service) ?
16. SOCIAL SECURITY NO. ?
17. INFORMANT AND ADDRESS: Robert Conables Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinomatosis - Terminal — Interval between onset and death: UNKNOWN

175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) MULTILOCULAR SEROUS CYST ADENO CARCINOMA RT. OVARY — UNKNOWN

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: SEPT. 3, 1948
19b. MAJOR FINDINGS OF OPERATION: SEE (b) ABOVE
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 1948, to APR 20, 1952, that I last saw the deceased alive on APR 20, 1952, and that death occurred at 6:10 m., from the causes and on the date stated above.

SIGNATURE: Howard L Zepp (Degree or title) Md ADDRESS 42) Hopkins Rd Balto 12 Md DATE SIGNED 4/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Apr 22/52 | NAME OF CEMETERY OR CREMATORY: Loudon Park | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 4/22/52 | REGISTRAR'S SIGNATURE: A W Dennis | 24. FUNERAL DIRECTOR: Hilkinkins Sons Co | ADDRESS: 4905 York Rd.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 130

3T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 1 1/2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 507 South Pulaski Street

3. NAME OF DECEASED (Type or Print): (First) Regina (Middle) Anna (Last) Yheavlon King

4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 3, 1895

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Yheavlon

14. MOTHER'S MAIDEN NAME: Isabelle Roberson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hosp. Records – Spring Grove

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Lobular pneumonia and pulmonary atelectasis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO: Sub-arachnoid hemorrhage right middle gyrus of brain	4-18-52
	(c) Marked generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Anxiety neurosis – Benign nephrosclerosis — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-28, 1950, to 4-27, 1952, that I last saw the deceased alive on 4-27, 1952, and that death occurred at 9 P.M. from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Sara E. Bennett, M.D ADDRESS Spring Grove State Hosp. DATE SIGNED 4-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 1, 1952

NAME OF CEMETERY OR CREMATORY: Balto. National

LOCATION (City, town, or county): 5501 Frederick Rd. (State): Balto. Md.

DATE REC'D BY LOCAL REG. 4/30/52

REGISTRAR'S SIGNATURE: a w Kenick

24. FUNERAL DIRECTOR ADDRESS: Harry H. Nitzke, 4101 Edmondson Av

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8544 Philadelphia Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg
STREET ADDRESS (If rural, give location) 8544 Philadelphia Road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) Frederick (Last) Kohl

4. DATE OF DEATH: (Month) April (Day) 3 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 21, 1891

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. Brick Yard

10b. KIND OF BUSINESS OR INDUSTRY: Brick Making

11. BIRTHPLACE (State or foreign country): Balto. Co., Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Kohl

14. MOTHER'S MAIDEN NAME: Anna Shellhase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 216-10-0889

17. INFORMANT AND ADDRESS: Mrs. Wm.F.Kohl, 8544 Phila. Rd., Balto.6, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardio-Vascular Renal disease	1 year
	(c)	

442X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrolethiasis — 1945

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952 to April 3, 1952, that I last saw the deceased alive on April 3, 1952, and that death occurred at 4:40 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J.W. Baumgardner M.D. Balto 6 md 4/3/52

23. BURIAL, CREMATION / REMOVAL (Specify): burial
DATE THEREOF: Apr. 6, 1952
NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cem.
LOCATION (City, or county) (State): Stemmers Run, Md.

DATE REC'D BY LOCAL REG. Apr. 4 '52
REGISTRAR'S SIGNATURE: Mrs. A. L. Reifsnider
24. FUNERAL DIRECTOR: Lansdowne Funeral Home
ADDRESS: 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

513

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-M15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Notch Cliff

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
STREET ADDRESS (If rural, give location) Glenarm Rd.

3. NAME OF DECEASED (Type or Print): (First) Sister Mary Antufina (Middle) Kolb (Last)

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Aug 8 1868
9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Rochester N.Y.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Kolb
14. MOTHER'S MAIDEN NAME: Elisabeth Heisler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronchial Pneumonia	2 wks.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular	
	(c) Disease	10 yrs

4424

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leonard F. O'Donnell Asst 7501 York Rd 4/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 4-24-52.
NAME OF CEMETERY OR CREMATORY: VILLA MARIA CEM.
LOCATION (City, town, or county) (State): NOTCH CLIFF NR TOWSON

DATE REC'D BY LOCAL REG. 4/22/52
REGISTRAR'S SIGNATURE: a w Hedrick
24. FUNERAL DIRECTOR: Charles L. Feiler
ADDRESS: 901 S. Conkling St. Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4K

1. PLACE OF DEATH: COUNTY [illegible] MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS V

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) KUHRMAN

4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19[illegible]

5. SEX: [illegible]

6. COLOR OR RACE: WHT

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: SEPT 15 1874

9. AGE last birthday: [illegible] yrs. If under 1 year: Months [illegible] Days [illegible]; If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): GERMANY

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: WILHELM KUHRMAN

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]

16. SOCIAL SECURITY NO.: 213-07-[illegible]

17. INFORMANT: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gastric Hemorrhage	3 hrs
15, X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Head of Pancreas & Metastasis	5 mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION: [illegible]

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): [illegible]

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): [illegible]

TIME OF INJURY (Month) (Day) (Year) (Hour): [illegible] m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from Dec 25, 1951, to Apr. 30, 1952, that I last saw the deceased alive on Apr. 30, 1952, and that death occurred at 9:05 P m., from the causes and on the date stated above.

SIGNATURE: James J. Mann (Degree or title) M.D. ADDRESS 5202 St. Paul St. DATE SIGNED 5/1/52

23. BURIAL, CREMATION REMOVAL (Specify): [illegible] DATE THEREOF [illegible] NAME OF CEMETERY OR CREMATORY [illegible] LOCATION (City, town, or county) (State) [illegible]

DATE REC'D BY LOCAL REG. 5/2/52 REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1123

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lauren / LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lauren
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6603 Loch Hill Rd.	STREET ADDRESS (If rural, give location) 6603 Loch Hill Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARGARET	Anna	LEE	Apr.	18	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Apr. 28, 1873	78 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Seamstress	Furniture	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-	-

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
-		Mr. Earle R. Lee - 6603 Loch Hill Rd. Balto. 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary Thrombosis	48 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

420.1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/16, 1952, to 4/18, 1952, that I last saw the deceased alive on 4/18, 1952, and that death occurred at 1 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Edward [illegible]	MD	6601 Loch Rd	4/19/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/21/52	Western Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/22/52	[illegible]	Jim. L. Lichner & Son	Balto. 17, Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 015

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Parkville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8830 Ridge Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Parkville; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 8830 Ridge Ave.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) E. (Last) Leight

4. DATE OF DEATH: (Month) Apr (Day) 3 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write): Married

8. DATE OF BIRTH: Mar. 1-1882

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Farm actor

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Leight

14. MOTHER'S MAIDEN NAME: ? Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Clare L. Leight- 8830 Ridge Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary insufficiency	4 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	5 yrs.
	(c)	

421.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1946, to Apr. 3, 1952, that I last saw the deceased alive on Apr. 2, 1952, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE: Donald Jandorf (Degree or title) M.D ADDRESS 6077 Harford Rd. DATE SIGNED 4-3-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 4/6/52; NAME OF CEMETERY OR CREMATORY Krough Chapel; LOCATION (City, town, or county) (State) York, Md.

DATE REC'D BY LOCAL REG. 4/4/52; REGISTRAR'S SIGNATURE Dr Kendrick; 24. FUNERAL DIRECTOR L. J. Tuck; ADDRESS 5305 Harford Rd

York

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. 6538 Corkley ave. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rosedale
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARGARETTA (Middle) (Last) LEIMBACH

4. DATE OF DEATH: (Month) April (Day) 21, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Nov 9, 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months 5 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jacob Sann

14. MOTHER'S MAIDEN NAME: Rock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Charles W. Leimbach 6538 Corkley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral apoplexy — 1 wk

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic Cardio Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to April 21, 1952, that I last saw the deceased alive on April 21, 1952, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS Balto 6 Md DATE SIGNED 4/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF April 24, 52 | NAME OF CEMETERY OR CREMATORY Mt. Carmel | LOCATION (City, town, or county) 5312 O'Donnell St. (State)

DATE REC'D BY LOCAL REG. 4/23/52 | REGISTRAR'S SIGNATURE [signature] | 24. FUNERAL DIRECTOR S. Walter May ADDRESS 619 N. Bouldin St

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03918

Reg. Dist. No. [illegible]

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County: Baltimore

City or town: Middle River

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Balto

City or town: Middle River

(If outside city or town limits, write RURAL and give nearest town)

Street No. Box 133 Lynbrook Rd.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: WILLIAM H LEONBERGER

3.(b) Social Security Number: 217-01-5818

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married.

6.(b) Name of husband or wife: Margaret Leonberger.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov 26, 1889

8. AGE: Years	Months	Days	If less than one day
62			..... hrs. ..... min.

9. Birthplace: Md. (Town, county, and state)

10. Usual occupation: Auto Mechanic

11. Industry or business: Gunther Brewery.

FATHER

12. Name: —

13. Birthplace: —

MOTHER

14. Maiden name: —

15. Birthplace: —

16. Informant: Margaret Leonberger.

Address: Box 133 Lynbrook Rd.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: April 22, 1952 (month) (day) (year)

Cemetery or crematory: Lonanie Park.

Location: Wilson Mill Rd.

18. Funeral director: Paul E. Schwaner Jr.

Address: 3615-17 Chestnut Ave.

19. ..... 19.. (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 19, 1952, at 3 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 1951 to April 18 1952

and that I last saw h[illegible] alive on April 18 1952

Immediate cause of death	DURATION
Pulmonary edema	1wk.
Due to: Arteriosclerotic cardiovascular disease & failure	2 months
Due to:	
Other conditions: Hemiplegia, left secondary to cerebral thrombosis	1 year.

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Charles W. Kerr M.D. M. D. or other

Address: 6801 Belair Rd. Date signed: 21 April 52

Item 18 Film G142 4-22-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dis. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Balto. | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville | LENGTH OF STAY (In this place): 17 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md | COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1427 E Baltimore St

3. NAME OF DECEASED (Type or Print): (First) Isodor (Middle) [illegible] (Last) Levy

4. DATE OF DEATH: (Month) April (Day) 10 (Year) 52

5. SEX: M | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single | 8. DATE OF BIRTH: 1887 | 9. AGE Last birthday: 64 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailoring | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Russia | 12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME: Louis Levy | 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Acute cardiac failure	
	Pulmonary edema	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cause of death pending unstrangulated	
(c)	Accident - died following hernia operation	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Apr. 2	unstrangulated hernia. Shock due to anaesthesia.	Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Hosp.	Catonsville,	Md.	

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
4-11 52 m.		Shock, due to anaesthesia. (4-22-52 ams)

22. *I certify that I took charge of the remains described above, held an Autopsy ✓ Inspection __, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes __, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ted McKie for Dr. Cedar Ballou	Deputy	1010 Leadenhall	April 11 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-13-52	Levy Lodge	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-11-52	V. E. Berry	[illegible]	[illegible] Md.

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 19[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 (8-51)

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Essex
LENGTH OF STAY (in this place): 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Essex
STREET ADDRESS (If rural, give location): 402 Lowry Ave

3. NAME OF DECEASED: (Type or Print) (First) Brinley (Middle) (Last) Lewis

4. DATE OF DEATH: (Month) Apr. (Day) 26 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 24, 1902

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Wales

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Davis Lewis

14. MOTHER'S MAIDEN NAME: Mary Ann Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 175-01-5346

17. INFORMANT & ADDRESS: William I Lewis, 402 ~~Lowry Ave.~~ Essex

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Heart failure	3 days
416X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Rheumatic heart disease	2 years
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Paralysis lower extremities accident 1918

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-23, 19 52, to 4-26, 19 52, that I last saw the deceased alive on 4-25, 19 52, and that death occurred at 10 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Maxwell Emund — ADDRESS 417½ Eastern Ave Essex — DATE SIGNED 4-28-52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation — DATE THEREOF 4-29-52 — NAME OF CEMETERY OR CREMATORY Loudon Park — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. April 28, 1952 — REGISTRAR'S SIGNATURE Edith Hurley

LICENSED FUNERAL DIRECTOR — ADDRESS Howard H. Hubbard 7842 Eastern Ave.

RECEIVED
APR 30 1962
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

'21

Reg. Dist. No. 4F

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk 22 | LENGTH OF STAY (In this place) 5yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3125 Sollers Pt. Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) Fromontine (Last) Libra
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 52
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 2 1899
9. AGE (Last birthday) 52 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Dillonvale Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Foley Fromontine
14. MOTHER'S MAIDEN NAME: Margaret Fromontine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Margaret Foley (daughter)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 4 months

420.1 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thrombo Phlebitis, Post Op — 3 wks.

(c) Hypertension — Unknown

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 23-52 12:30 PM | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: W. Mearmone M.D (Degree or Title) ADDRESS: Deputy Medical Examiner Balto. Co. Dundalk 22 Md. DATE SIGNED: 4/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April 26/52 | NAME OF CEMETERY OR CREMATORY: Oak Lawn | LOCATION (City, town, or county) (State): Balto Co

DATE REC'D BY LOCAL REG.: 4-24-52 | REGISTRAR'S SIGNATURE: a a Hedrick | 24. FUNERAL DIRECTOR: Ulman Funeral Home | ADDRESS: 2112 Dundalk

22

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emma Mills / Catonsville — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tyson

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville / Maryland
STREET ADDRESS (If rural, give location) 5724 Edmondson Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Tyson		Lockard	April	10,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 4, 1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Carpenter	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
[illegible]	[illegible] Hanson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	213-14-4704	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic C.V. Disease	
	(c)	

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/8, 1952, to 4/10, 1952, that I last saw the deceased alive on 4/9, 1952, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Martin E. Stroad	M.D.	Reisterstown, Md.	4/10/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 12/52	[illegible]	Catonsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-11-52	E. E. Nichols, M.D.	[illegible]	[illegible]

vs. A.6

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 23

CERTIFICATE OF DEATH

Reg. Dist. No. 30

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville — LENGTH OF STAY (in this place) 4 yrs

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 1301 St. Paul St.

3. NAME OF DECEASED: (Type or Print) (First) CORNELIUS (Middle) R. (Last) LONG

4. DATE OF DEATH: (Month) 4 (Day) 27 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	M	5/3/1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Salesman		Maryland	U.S.A.

13. FATHER'S NAME: Henry Long

14. MOTHER'S MAIDEN NAME: Ina M. Hix

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unk.		Hospital Record, Spring Grove State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Lobular pneumonia, bilateral	
480.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Acute bacterial endocarditis.	
	DUE TO (c) Calcareous Aortic stenosis.	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 4 yrs

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
			M.			

22. I hereby certify that I attended the deceased from 3/31, 1952, to 4/27, 1952, that I last saw the deceased alive on 4/27, 1952, and that death occurred at 4:20 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Irvin H. Cohen, M.D. Spring Grove State Hosp; Catonsville, Md. 4/27/52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/30/52	Woodlawn	Woodlawn Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/29/52	L. W. Wedrich J.L.	Wm Cook Inc.	1217 St. Paul St.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lodge Forrest — LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7423 Bay front Road Carrol Manor Convalesent Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 408 S. Washington Street

3. NAME OF DECEASED (Type or Print): (First) Sophia (Middle) (Last) Lorek

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1884

9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lord Lott Packing Co

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY?: Poland

13. FATHER'S NAME: Henry Kaczmarek

14. MOTHER'S MAIDEN NAME: ? Piechocki

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-07-6996

17. INFORMANT: James Stanley Kaczorowski 2115 Gough Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Uterus — Interval Between Onset and Death: 10 mos.

1744 Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis — 1 wk.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☑ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 17, 1952, to Apr. 12, 1952, that I last saw the deceased alive on Apr. 12, 1952, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: 510 D St S.E. Pt. 19 Md DATE SIGNED: 4/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April 15/52 | NAME OF CEMETERY OR CREMATORY: Holy Cross Polish Catholic | LOCATION (City, town, or county) (State): Hennian Hill Road Balto.

DATE REC'D BY LOCAL REG.: 4/14/52 | REGISTRAR'S SIGNATURE: [signature] | 24a FUNERAL DIRECTOR: John M. Weber | ADDRESS:

Item 9 FilmC140 4/14/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 325

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Silver Run
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN Rural - Silver Run
STREET ADDRESS (If rural, give location) 576 Edmondson ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Robert	Mannis	Manner	April	6	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs Hours	Min.
Male	White		Feb 21, 1873	79 54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter	Tallowing	Md.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
August Manner	Lena Gehringer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronic Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Senility
(c) Hypertrophic Arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. C. Davis	MD	Westminster, Md	4/9/52

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	April 9 1952	Parkwood	Taylor Ave	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/9/52	A W Roberts	Leo G. Cook	1703 N. Patterson Park Ave

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

326

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information fully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea — LENGTH OF STAY (In this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6907 Belair Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural give location) 6907 Belair Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Aston	P.	March	April	20	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	June 17 1901	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Supervisor Pipefitting	Bethlehem Steel Co	England.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert March.	Ida Sandford.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	213-07-1453	Mrs Aston. March. 6907 Belair Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral thrombosis	8 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Cerebral arteriosclerosis	5 yrs +
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial degeneration — 5 yrs +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2/20/1952	Hemorrhoidectomy	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 2/25, 1952 to 4/20, 1952, that I last saw the deceased alive on 4/16, 1952, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. Wrachen	MD	6331 Belair Rd Balto (6) Md	4/21/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	4/23/52	Parkwood Cem.	Balto	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 22 '52	Mrs. A. L. Reifsnider	Lassahn Funeral Home	6401 Belair Rd.

RECEIVED
APR 24 1952
BUREAU V. S.

21

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: BALTIMORE; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ROSEDALE; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8066 ROSLYN

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ROSEDALE; STREET ADDRESS (If rural, give location): 8066 ROSLYN AVE

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ELIZABETH (Last) MARTIN

4. DATE OF DEATH: (Month) APR (Day) 22 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: OCT 22 1869

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Joseph Ellengron

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: FRED MARTIN 107 S. CONKLIN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy — Interval Between Onset and Death: 3 ds

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic Cardio-Vascular disease — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to April 22 1952, that I last saw the deceased alive on April 22 1952, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: M Bruce Gardner (Degree or title) M.D. ADDRESS: Balto 6 DATE SIGNED: 4/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/25/52 — NAME OF CEMETERY OR CREMATORY: Oak Lawn — LOCATION (City, town, or county) (State): Balto

DATE REC'D BY LOCAL REG.: 4/24/52 — REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME — ADDRESS: 2007 ORLEANS

VS-A15

1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4-9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING
age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: BALTIMORE — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 57 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City

STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) ARDEN (Middle) D. (Last) MC GILL

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-13-26

9. AGE last birthday: 25 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service Worker

10b. KIND OF BUSINESS OR INDUSTRY: Govt

11. BIRTHPLACE (State or foreign country): Ritchie County, W.Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Floyd McGill

14. MOTHER'S MAIDEN NAME: Ercie Stansbury

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — **(If Yes, give war or dates of service)** WWII

16. SOCIAL SECURITY NO.: 234-34-8788

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF LUNG — DUE TO — unknown

16 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)** — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 9, 1952, to Apr. 6, 1952, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

SIGNATURE: William R. VA [illegible], M.D. — (DEGREE OR TITLE) — ADDRESS: VAH, FORT HOWARD, MD. — DATE SIGNED: 4-7-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** 4-11-52 — **NAME OF CEMETERY OR CREMATORY:** Baltimore National — **LOCATION (City, town, or county) (State):** Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 4/8/52 — **REGISTRAR'S SIGNATURE:** A W Pedrick

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — **ADDRESS:** 6009 Harford Rd. Baltimore, Md.

Mildred T. Blight

VS-A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7050 Belclaire Road

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Violet (Last) Meehan
4. DATE OF DEATH: (Month) April (Day) 10 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Aug 1886
9. AGE last birthday: 65 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Hagerman
14. MOTHER'S MAIDEN NAME: Elizabeth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: John L. Mason 3213 Mt Hanley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Strangulation due to Hanging

7747 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Dundalk | (COUNTY) Balto | (STATE) Md

TIME OF INJURY (Month) 4 (Day) 10-52 (Year) (Hour) am | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Hanging in cellar.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE J. B. Davis M.D. (Degree or title) Dep. Med Examiner ADDRESS Dundalk-Md DATE SIGNED 4/11/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4/12/52 | NAME OF CEMETERY OR CREMATORY Parkwood | LOCATION (City, town, or county) (State) Parkville Md

DATE REC'D BY LOCAL REG. April 12-1952 | REGISTRAR'S SIGNATURE William M. Kelly Jr. | 24. FUNERAL DIRECTOR Elbert Funeral Home | ADDRESS 2114 Dundalk

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
APR 15 1952
BUREAU OF M

130

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5224 Cromarty Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 5224 Cromarty Rd.

3. NAME OF DECEASED (Type or Print): (First) Erich (Middle) Otto (Last) Meyers, Jr.

4. DATE OF DEATH: (Month) April (Day) 26/52 (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 27, 1906

9. AGE last birthday: 45 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: B. & O.R.R.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Erich Otto Meyers

14. MOTHER'S MAIDEN NAME: Elsa Moser Meyers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Delphine V. Meyers, 5224 Cromarty Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hodgkins Disease — Interval between onset and death: 4 yrs

201X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to April 26, 1952, that I last saw the deceased alive on April 26, 1952 and that death occurred at 5:15A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Leo J. Gaver M.D. 1 Mallow Hill ave Balto 29 Md 4/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: April 29/52

NAME OF CEMETERY OR CREMATORY: Lorraine PK.

LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG.: 4/28/52

REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Harry A. Nitzke

ADDRESS: 4101 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

31

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH
COUNTY Baltimore. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase
LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chase.
STREET ADDRESS (If rural give location) Eastern Ave.

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) S. (Last) Miller.

4. DATE OF DEATH (Month) 4. (Day) 24 (Year) 1952

5. SEX F.

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH June 16-1879

9. AGE last birthday 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife.

10b. KIND OF BUSINESS OR INDUSTRY None.

11. BIRTHPLACE (State or foreign country) Penna.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Eber Sharp.

14. MOTHER'S MAIDEN NAME Martha Wagoner.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None.

17. INFORMANT Clara E Carbaugh Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Cardiac Dilatation

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: 1 day

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION no

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 22, 1952, to Apr. 24, 1952, that I last saw the deceased alive on Apr. 24, 1952, and that death occurred at 6:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James F. Watson M.D. 422 Eastern Ave, Baltimore 21, Md 4/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) 13 J R I A L

DATE THEREOF 4-26-52

NAME OF CEMETERY OR CREMATORY Union Hill Cemetery

LOCATION (City, town, or county) (State) Kennett Square Pa.

DATE REC'D BY LOCAL REG. April 24, 1952

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR Earl Tyson ADDRESS Rising Sun Md.

RECEIVED
APR 28 1952
BUREAU V.S.S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 301 N. Exeter Street

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) H. (Last) MONTGOMERY

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/30/89

9. AGE last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgeanna, Alabama

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Montgomery

14. MOTHER'S MAIDEN NAME: Mary Emma Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — **(If Yes, give war or dates of service):** WWI

16. SOCIAL SECURITY NO.: 219-14-1123

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	HYPERTENSIVE CARDIOVASCULAR DISEASE	UNKNOWN
443X	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	ARTERIOSCLEROSIS GENERALIZED	UNKNOWN
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) M.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 24 1952, to April 11, 1952, ~~deceased~~ and that death occurred at 12:35 p.m., from the causes and on the date stated above.

SIGNATURE: Stanley W. Yaffe
STANLEY W. YAFFE, M. D. (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 4-12-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF:
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): Georgeanna Alabama
DATE REC'D BY LOCAL REG.: 4/14/52
REGISTRAR'S SIGNATURE: H. W. Redmond

24. FUNERAL DIRECTOR: Charles R. Law — ADDRESS: 802 Madison Ave., Baltimore, Maryland

SHIP TO: Robinson Funeral Home, Atmore, Alabama

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: 1248 Willow Road
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town)
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 1248 Willow Road

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) S. (Last) Morgan Sr.

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 15, 1899

9. AGE last birthday: 53 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Western Electric

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles H. Morgan

14. MOTHER'S MAIDEN NAME: Laura Plummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-03-3303

17. INFORMANT & ADDRESS: William S. Morgan Jr. 1246 Willow Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Embolism — Interval between onset and death: 1 hour

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) dont know

DUE TO

(c) I saw him immediately before death at office, he died on way to City Hospitals

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. dont know

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? April

22. I hereby certify that I attended the deceased from March 5, 19 52, to March 5, 19 52, that I last saw the deceased alive on April March 5, 19 52, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE Morris A. Jacobs (DEGREE OR TITLE) M.D. ADDRESS 1010 North Point Road - Balto 24 - DATE SIGNED 4/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF April 9, 1952

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4/7/52

REGISTRAR'S SIGNATURE A W Bedard

24. FUNERAL DIRECTOR William Cook, Inc. ADDRESS 1217 St. Paul Street

U.S. A15 · 8-51

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

935

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk-rr
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk-rr Md
STREET ADDRESS (If rural, give location) 522 Bayside Drive

3. NAME OF DECEASED (First) Stefanos (Middle) (Pelekakis) (Last) Mpougadakis
4. DATE OF DEATH (Month) 4 (Day) 11 (Year) 1952
5. SEX M
6. COLOR OR RACE Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Iron Mill
10b. KIND OF BUSINESS OR INDUSTRY Steel
11. BIRTHPLACE (State or foreign country) Greece
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Konstantine
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT 522 Bayside Dr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral accident. — 40 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Cerebral accident in 1946 — 6 yrs.
(c) Arterio-Sclerotic Cardio-Vas. Dise — Unk.

42.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9-52, 19....., to 4-11-52, 19....., that I last saw the deceased alive on 4-10-52, 19....., and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. V. Davis M.D. Dundalk-rr-Md 4/11/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-14-52
NAME OF CEMETERY OR CREMATORY Greek Cemetery
LOCATION (City, town, or county) Windsor Mill (State) Md
DATE REC'D BY LOCAL REG 4/14/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Lambros Funeral Home Inc
ADDRESS 440 E. North ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 36 4P

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (In this place): 15 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 526 S. Lehigh Street

3. NAME OF DECEASED: (Type or Print) (First) JAMES (Middle) M. (Last) MURRAY

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2-22-95

9. AGE last birthday: 57 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baltimore City Police Department

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Murray

14. MOTHER'S MAIDEN NAME: Catherine Hannigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) PULMONARY EMBOLISM

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ABDOMINAL PERINEAL RESECTION OF CARCINOMA OF RECTUM

DUE TO

(c)

1548

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-31-52

19b. MAJOR FINDINGS OF OPERATION: Abdominal perineal resection

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1952, to April 4, 1952 [illegible], and that death occurred at 10:55 A.m., from the causes and on the date stated above.

SIGNATURE: Philip Ferney

(DEGREE OR TITLE) ADDRESS: PHILIP FERNEY, M. D., ACTING CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MD.

DATE SIGNED: 4-4-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4/8/52

NAME OF CEMETERY OR CREMATORY: Baltimore National

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 4/8/52

REGISTRAR'S SIGNATURE: a w Hedrick

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland

Mildred J. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

37

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
LENGTH OF STAY (in this place) 3 mo 19 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS SHEPPARD & ENOCH PRATT HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTIMORE CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BALTIMORE 10
STREET ADDRESS (If rural, give location) 908 W. UNIVERSITY PARKWAY

3. NAME OF DECEASED (Type or Print): (First) MYRON (Middle) LEACH (Last) MYERS
4. DATE OF DEATH: (Month) APRIL (Day) 22 (Year) 19 52

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 9, 1876
9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MANUFACTURER
10b. KIND OF BUSINESS OR INDUSTRY: BROKER SUPPLIES
11. BIRTHPLACE (State or foreign country): BALTIMORE
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: THOMAS R. D. MYERS
14. MOTHER'S MAIDEN NAME: MARY BECKMEYER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 212-01-1182
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS (Mrs. Ada L. Myers) Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Broncho pneumonia — 4 da.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Chronic myocardial degeneration — 2 yr +
(c) Generalized arteriosclerosis — 2 yr +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Psychosis & cerebral arteriosclerosis Paralysis agitans.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1952, to Apr 22, 1952, that I last saw the deceased alive on Apr. 21, 1952, and that death occurred at 7:10 A. m., from the causes and on the date stated above.
SIGNATURE: W. M. Elgin M.D. (Degree or title) ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL Towson-4, Md. DATE SIGNED 4/22/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: Apr-24-1952
NAME OF CEMETERY OR CREMATORY: Lorraine Cemetery
LOCATION (City, town, or county) (State): Woodlawn, Maryland

DATE REC'D BY LOCAL REG.: 4/23/52
REGISTRAR'S SIGNATURE: a W Hedrick
24. FUNERAL DIRECTOR ADDRESS: Stewart & Mowen Co., 108 W. North Ave.

City #1.

VS. A1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville, Md. — LENGTH OF STAY (in this place): 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Broadway Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville Md
STREET ADDRESS (If rural, give location): Broadway Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rachel	Elizabeth	Nash	April	16	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	Jan 26 1871	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Ruby	Carolina B Danner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	None	Mrs Ruby Kemp Lutherville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) arteriosclerotic C-V. Disease	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetis	10 yrs
(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None.	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
None	None			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
Not an injury.		Not an injury

22. I hereby certify that I attended the deceased from Aug. 18, 19 37 to April 16, 19 52, that I last saw the deceased alive on April 15, 19 52, and that death occurred at 4 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Dr D. Caples M D.	6 Nanous Rd, Riestestown. Md.	4-17-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Apr 19 1952	Leisters Cemetery	Westminster Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-17-52	Mary B. Elwins	Wm Berryman & Sons	Reisterstown Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 22 1952
BUREAU V. S.

Evidence for change of date of death
is shown on Film G140 4/3/52 R

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

139

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 PATAPSCO AV

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 210 PATAPSCO AVE

3. NAME OF DECEASED (Type or Print): (First) DINSMORE (Middle) M. (Last) NESS

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: APR 5-1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MAINTENANCE MAN

10b. KIND OF BUSINESS OR INDUSTRY: DUNDALK CO

11. BIRTHPLACE (State or foreign country): PENNA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: JACOB L. NESS

14. MOTHER'S MAIDEN NAME: ISABELLE ILYES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: MYRTLE NESS - 210 PATAPSCO

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hypertensive Cardio-Vascular Renal Disease — Interval Between Onset and Death: 8 Mos

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1951, to April 1, 1952, that I last saw the deceased alive on April 1, 1952, and that death occurred at 1 05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Eugene R. Evans 1 Liberty Parkway Dundalk Md. April 1, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: APR 4-1952 — NAME OF CEMETERY OR CREMATORY: POPLAR GROVE — LOCATION (City, town, or county) (State): MD

DATE REC'D BY LOCAL REG.: April 3-1952 — REGISTRAR'S SIGNATURE: William J. Kelly Jr.

24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME — ADDRESS: DUNDALK.

RECEIVED
APR 4 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

40

Reg. Dist. No. 2

1. PLACE OF DEATH
COUNTY: Catonsville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Catonsville Conv. Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Catonsville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 14 North Tremont Road

3. NAME OF DECEASED (Type or Print): (First) Madeline (Middle) S. (Last) Norton

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 16-1872

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Engelbach

14. MOTHER'S MAIDEN NAME: Marie Muller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. League - 14 N. Tremont Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Edema — 12 hrs

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Myocardial Failure — 12 hrs
(c) Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1952, to 4-11, 1952, that I last saw the deceased alive on 4-10, 1952, and that death occurred at 1100 A m., from the causes and on the date stated above.

SIGNATURE: Stephenlee Megness — (Degree or title) MD — ADDRESS: Catonsville 28, Md — DATE SIGNED: 4-12-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4-15-52 — NAME OF CEMETERY OR CREMATORY: New Cathedral — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 4/14/52 — REGISTRAR'S SIGNATURE: [signature] Dep

24. FUNERAL DIRECTOR — ADDRESS: Leonard J. Ruck, 5305 Harford Road.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The exact age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

41

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Baltimore
City or town: Haywood Heights (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10½ yrs.
Hospital, institution, or street address where death occurred: 3605 Landbeck Road -7-
How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State: Maryland County: Baltimore
City or town: Haywood Heights (If outside city or town limits, write RURAL and give nearest town)
Street No. 3605 Landbeck Rd. -7- (If rural, give LOCATION)
2.(a) If veteran, name war .....

3.(a) FULL NAME AMELIA CHLADA OLDEWURTEL

3.(b) Social Security Number 212-10-5785A

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Edward Oldewurtel
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 5 1887

8. AGE: Years	Months	Days	If less than one day: hrs.	min.
69	9	—		

9. Birthplace: Baltimore, Maryland (Town, county, and state)
10. Usual occupation: Seam stress
11. Industry or business: Garment

FATHER
12. Name: John Schwerdt
13. Birthplace: Baltimore, Md

MOTHER
14. Maiden name: Caroline
15. Birthplace: Baltimore, Md

16. Informant: Mrs. Catherine Seeley
Address: 3605 Landbeck Rd -7-

17. (Burial, cremation, or removal? Which?) Burial Date thereof: Apl. 17 1952 (month) (day) (year)
Cemetery or crematory: Woodlawn Cemetery
Location: Woodlawn, Balto Co. Md.

18. Funeral director: F. Ellis Lamorraine
Address: 4510 Liberty Heights Ave

19. 4/10/52 (Date rec'd by registrar) a. w. Hedrick Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 9 19 52 at 12 40 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 7 19 52 to April 9 19 52 and that I last saw h.er alive on April 8 19 52

Immediate cause of death	DURATION
Coronary occlusion	1 week
Due to: Hypertensive cardiovascular disease	5 yrs
Due to: Arterio sclerotic cardiovascular disease	5 yrs
Other conditions: Diabetes mellitus	2 yrs
Hemiplegia left	4 wks

(Include pregnancy within 3 months of death)
Major findings of operations: .....
Date of op. .....
Autopsy results: None done
PHYSICIAN: Please underline the cause to which death should be charged statistically

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE: Millard L. Crawford M.D.
M.D., or other
Address: 3400 Woodview Ave. Balto 7 Date signed: 4/9/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 12 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; MARYLAND; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Cockeysville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville; STREET ADDRESS (If rural, give location) Cockeysville Road

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Jane (Last) Owens

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 23. 1876 approximate

9. AGE last birthday: 75 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Owens

14. MOTHER'S MAIDEN NAME: Catherine Ellwood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Catherine E. Curran, 16 East Burke Ave Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardio-vascular disease

422.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 1952, to April 25, 1952, that I last saw the deceased alive on April 16, 1952, and that death occurred at 12 noon m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Elizabeth B. Shenck, M.d. ADDRESS: Cockeysville, Md. DATE SIGNED: 4/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: April 28, 1952 | NAME OF CEMETERY OR CREMATORY: St Joseph's Cemetery | LOCATION (City, town, or county) (State): Texas, Balto.Co., Md.

DATE REC'D BY LOCAL REG. 29 April 52 | REGISTRAR'S SIGNATURE: [illegible] Maryland

24. FUNERAL DIRECTOR ADDRESS: John Burns' Sons, Towson, Maryland

RECEIVED
APR 30 1952
BUREAU V. S.

(2)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 13 ( )

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 6yrs. 8mos. 20dys.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 2553 Frederick Avenue

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Marie	A.	Pieper	April	8,	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	12-31-1903	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Saleslady		Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Herman G. Pieper	Eugena Dorguth

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Unknown	Unknown	Mrs. Emma McMullen--Sister 2634 St. Benedict's Street, Baltimore 23, Md.

18. MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: Immediate cause	(a) Acute cardio respiratory failure & Pulmonary atelectasis - bilateral	Hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 561.0	(b) Dilation of stomach	2 days - unknown
DUE TO	(c) Chronic of liver	years
	Extreme obesity	years
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Fatty infiltration of pancreas, cholecystitis	years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6, 19.52, to 4-8, 19.52, that I last saw the deceased alive on 4-8-, 19.52, and that death occurred at 8:05 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel B. Herrmann Grace MD ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 4-8-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 12, 52.	Western	Towson, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 12, 1952	R.W.	Harry K. Witzke	4101 Edmondson Ave

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14

CERTIFICATE OF DEATH 52

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 622 S. Bethel Street ✓

3. NAME OF DECEASED: (First) FRANK (Middle) (NMI) (Last) POPIOLEK
4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6-10-93	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinists Helper		Poland	

13. FATHER'S NAME: Stanley Popiolek
14. MOTHER'S MAIDEN NAME: Mary MN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW I	705-12-5125	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA, PRIMARY SITE UNDETERMINED	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

199.9

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1952, to April 9, 1952, [illegible] and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE Irving Freeman (DEGREE OR TITLE) IRVING FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. DATE SIGNED 4-10-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 12/52	Holy Rosary Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4/10/52 REGISTRAR'S SIGNATURE C W Hedrick

24. FUNERAL DIRECTOR Fred W. Ozazewski ADDRESS 1930 Eastern Avenue Baltimore, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

'45

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS House in The Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 32 N. Prospect Ave.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Hayden (Last) Price

4. DATE OF DEATH: (Month) April (Day) 14, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 14, 1872

9. AGE last birthday: 80 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hallock G. Hayden

14. MOTHER'S MAIDEN NAME: Rose Dailey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mr. Garrott L. Price 32 N. Prospect Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	0 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Hypertensive Cardio-Vascular Disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1943, to 4-14, 1952, that I last saw the deceased alive on 4-13, 1952, and that death occurred at 7.50 a.m., from the causes and on the date stated above.

SIGNATURE: Wm. K. Gallagher (Degree or title) M.D. ADDRESS: Catonsville 28, Md. DATE SIGNED: 4-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-17-52

NAME OF CEMETERY OR CREMATORY: Lorraine

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 4/15/52

REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: John O. Mitchell Sons ADDRESS: 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural: Towson
LENGTH OF STAY (in this place): 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eudowood Sanatorium, Towson, 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, 12
STREET ADDRESS (If rural, give location): 5704 Loch Raven Blvd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) PATRICK (Last) Redmond

4. DATE OF DEATH: (Month) 4 (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: Dec. 1, 1898

9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired office worker

10b. KIND OF BUSINESS OR INDUSTRY: Western Electric

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Patrick Redmond

14. MOTHER'S MAIDEN NAME: Elizabeth Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 167-10-3727

17. INFORMANT AND ADDRESS: Personal History, Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Pulmonary Tuberculosis — Interval Between Onset and Death: 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b):
(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1949, to April 28, 1952, that I last saw the deceased alive on April 27, 1952, and that death occurred at 3.30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Murray B. Kraus M.D., Eudowood Sanatorium, Towson, 4, Maryland

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/30/52

NAME OF CEMETERY OR CREMATORY: Holy Cross Cem-

LOCATION (City, town, or county) (State): Phila - Pa.

DATE RECD BY LOCAL REG.: 4/29/52

REGISTRAR'S SIGNATURE: [signature] Deputy

24. FUNERAL DIRECTOR: Leonard J. Ruck

ADDRESS: 5305 Norford.

47

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

A.K.A
DAVID B. REESE

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkes Pk.
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEMERE
STREET ADDRESS (If rural, give location) 3102 WHITEWAY RD

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	BENJAMIN	DAVID	Reese	4	27	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	WH.		JAN 30-1913	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MILLWRIGHT	BETH STEEL	PORT CARBON PA	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
BENJAMIN REESE	MINNIE TEMPLIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
NO	213-09-3179	MRS HAZEL REESE 3102 WHITE WAY RD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M Brown MD (Degree or title) Dep Med. Exam. ADDRESS Dundalk-Md DATE SIGNED 4/27/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	MAY 1, 1952	MORELAND PARK	PARKVILLE MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/29/52	R.W. Hedges Deputy	ULLRICH FUNERAL HOME	2112 DUNDALK

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT5A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 48

CERTIFICATE OF DEATH

Reg. Dist. No. KX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M15 Rev. 1951

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Fort Howard

LENGTH OF STAY (in this place): 3 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 1608 N. Gay Street ✓

3. NAME OF DECEASED: (Type or Print) (First) STEWART (Middle) J. (Last) REINHOLDT

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	12-5-02	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — Maintenance

10b. KIND OF BUSINESS OR INDUSTRY: Wax - Westport Enterprises

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frederick Reinholdt

14. MOTHER'S MAIDEN NAME: Margaret Lomonte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) 6-10-21-10-25-22 Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause — (a) TUBERCULOSIS, CHRONIC, PULMONARY, FAR ADVANCED, — UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO ACTIVE

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from April 23 1952, to April 26 1952, that ~~he/she~~ saw ~~him/her~~ ~~alive/dead~~ on ~~Month Day~~ 19XX, and that death occurred at 10:55 A.m., from the causes and on the date stated above.

SIGNATURE Frank E Poole (DEGREE OR TITLE) M.D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 4-26-52

FRANK E. POOLE

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Apr 29-52

NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4/28/52

REGISTRAR'S SIGNATURE D. E. Redmond

24. FUNERAL DIRECTOR ADDRESS: John C. Miller, Inc. 2433-35 E. Oliver St. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1620 Hartford Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 1620 Hartford Rd

3. NAME OF DECEASED: (Type or Print) (First) MICHELLE (Middle) (Last) ROBBINS

4. DATE OF DEATH: (Month) Apr. (Day) 17 (Year) 1952

5. SEX: female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): single

8. DATE OF BIRTH: Jan. 27-1952

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months 3, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto city Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wallace Robbins

14. MOTHER'S MAIDEN NAME: Hazel Dawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Wallace Robbins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
7- Immediate cause	(a)	Congenital Heart Disease.	Birth
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Mongolism.	Birth
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 14, 1952 to April 17, 1952 that I last saw the deceased alive on April 14 1952 and that death occurred at 7 00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
John Cletus Baier M.D. 815 Eastern Ave. Essex Apr. 17/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF Apr. 18-52

NAME OF CEMETERY OR CREMATORY Balto Cemetery

LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. Apr 18, 1952

REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John J. Connelly ADDRESS 418 Eastern Ave Balto 21 Md.

D0123715405

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 5-51

RECEIVED
APR 21 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 332 M Street, S. W. ✓

3. NAME OF DECEASED: (Type or Print) (First) LUTHER (Middle) WHITTING (Last) ROBINSON

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 10-6-86

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian

10b. KIND OF BUSINESS OR INDUSTRY: Interior Dept., Govt. Bldgs.

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Robinson

14. MOTHER'S MAIDEN NAME: Susan Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CARCINOMA OF HEPATIC FLEXURE OF COLON — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

153X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 13 1952, to April 6 1952, ~~that I last saw the deceased on [illegible] 19[illegible]~~ and that death occurred at 12:50 P. m., from the causes and on the date stated above.

SIGNATURE: William B. VanDegrift (DEGREE OR TITLE) M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 4-8-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal DATE THEREOF 4/9/52 NAME OF CEMETERY OR CREMATORY Arlington National LOCATION (City, town, or county) Fort Myer, Virginia (State)

DATE REC'D BY LOCAL REG. APR 8 - 1952 REGISTRAR'S SIGNATURE Huntington Williams M.D. Acting Registrar

24. FUNERAL DIRECTOR Charles R. Law ADDRESS 802 Madison Ave., Balto., Md.

SHIP TO: Frazier's Funeral Home, Inc., 589 Rhode Island Ave., N. W., Washington, D. C.

VS. A15 8-51

Item 9 Film G142 5/1/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto Co MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork Md; LENGTH OF STAY (in this place) 10 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork Md.; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) Arbeba (Middle) ✓ (Last) Romeo

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1952

5. SEX F. | 6. COLOR OR RACE W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married | 8. DATE OF BIRTH aug 4 - 1895 | 9. AGE last birthday 56 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY House wife | 11. BIRTHPLACE (State or foreign country) Virginia | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Karl Cremora | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of) | 16. SOCIAL SECURITY NO. ✓ | 17. INFORMANT AND ADDRESS Frank Romeo Fork Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 9 hrs.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Dis. — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10, 1949, to Apr. 20, 1952, that I last saw the deceased alive on Apr. 19, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: Clifford F. Hudson (Degree or title) M.D. ADDRESS Fork Md. DATE SIGNED 4/21/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF April 22-52 | NAME OF CEMETERY OR CREMATORY Fork M. Cem. | LOCATION (City, town, or county) Fork, (State) Md.

DATE REC'D BY LOCAL REG. April 21-52 | REGISTRAR'S SIGNATURE C. E. Arthur Deputy Reg | 24. FUNERAL DIRECTOR C. E. Arthur | ADDRESS Fork Md.

VS-1A15-7

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH Ba

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore | MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Catonsville | LENGTH OF STAY (in this place) 3 yrs 10 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 708 Edmondson Avenue

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Loretta (Last) ROORKE

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-26-1885

9. AGE last birthday: 67 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: James Rourke

14. MOTHER'S MAIDEN NAME: Margaret Jeannel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Charles E Talon Ches 2560
306 E 32nd St, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause (a)	Heart failure, Grade III	2 Mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO	Arteriosclerotic myocardial degeneration	Several years
(c) DUE TO		

443X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Cerebrovascular disease — Several years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 15, 19 48, to April 29, 19 52, that I last saw the deceased alive on April 29, 19 52, and that death occurred at 10:00 P. m., from the causes and on the date stated above.

SIGNATURE J. E. Leard M.D (DEGREE OR TITLE) ADDRESS Spring Grove State Hosp DATE SIGNED April 29, 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/1/52	New Cathedral Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/30/52	A W Peterman	Wm. Cook, Inc.,	121 St. Paul St.

VS. A-16 8-51

T

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 53

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8905 Ridge Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkville
STREET ADDRESS (If rural, give location): 8905 Ridge Avenue

3. NAME OF DECEASED: (Type or Print) (First) Virginia (Middle) L. (Last) Russell

4. DATE OF DEATH: (Month) April (Day) 23, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 23, 1905

9. AGE last birthday: 46 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: McDonald

14. MOTHER'S MAIDEN NAME: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Raymond Russell, 8905 Ridge Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Metastatic Carcinoma	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Ca. of cervix	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/1, 19 52, to 4/23, 19 52, that I last saw the deceased alive on 4/22, 19 52, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Harold A. Gott M.D. 8130 Hereford Rd 4/23/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/25/52 — NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4/24/52 — REGISTRAR'S SIGNATURE: A C Kennedy

24. FUNERAL DIRECTOR Wm. Cook, Inc., ADDRESS 1217 St. Paul Street

VS (Aug) 1-51

Dr. Bacon

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Parkville; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3005 Willoughby Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3005 Willoughby Avenue

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) FREDERICK (Last) SCHMIDT
4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 11, 1897
9. AGE last birthday: 54 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder
10b. KIND OF BUSINESS OR INDUSTRY: Crown, Cork, & Seal
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Henry William Schmidt
14. MOTHER'S MAIDEN NAME: Anna Engler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: 213-01-0283
17. INFORMANT AND ADDRESS: Mrs. Lydia Schmidt, 3005 Willoughby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of prostate & bladder	1 yr.
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Prostatic hypertrophy	14 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of prostate & bladder
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

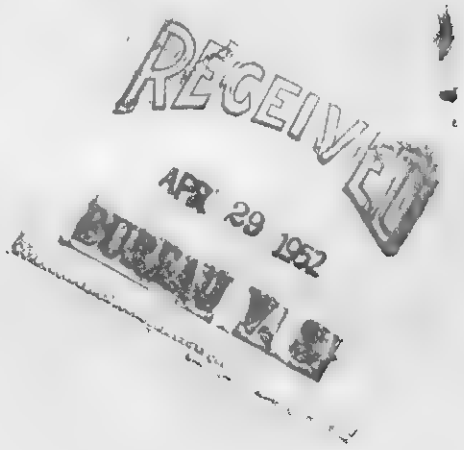
22. I hereby certify that I attended the deceased from April 25, 1951, to April 25, 1952, that I last saw the deceased alive on Apr. 22, 1952, and that death occurred at 8-20 P m., from the causes and on the date stated above.

SIGNATURE: A. M. Bacon, M.D. (Degree or title) ADDRESS 2810 Taylor Ave. DATE SIGNED 4/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 4-28-52
NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4/27/52
REGISTRAR'S SIGNATURE: A. M. Bacon
24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road.

VS. A15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'55

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place): 1½ years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sheppard-Pratt Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: New York — COUNTY: Sparrowbush
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrowbush, N.Y.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Nell (Middle) Hammond (Last) Schoonover

4. DATE OF DEATH: (Month) Apr. (Day) 6 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: 23 Aug. 1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? Sparrowbush

13. FATHER'S NAME: David Hammond

14. MOTHER'S MAIDEN NAME: Kate Usher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure — 13 hours

1950 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cardiac arrhythmia (unSpecified) — unknown

(c) Arteriosclerotic Heart Disease — unknown

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic-Depressive Psychosis, depressed Phase — 3 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 16, 1950, to Apr. 6, 1952, that I last saw the deceased alive on Apr. 6, 1952, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

SIGNATURE AND (Degree or title): W. W. Elgin, M.D. — ADDRESS: Sheppard-Pratt Hosp. — DATE SIGNED: April 6, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: Apr. 6, 1952 — NAME OF CEMETERY OR CREMATORY: Lee's Crematorium — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: Apr. 6, 1952 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR AND ADDRESS: J. Wm Lee Sons Co - Wash., D.C.

VS-175

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - N. Dundalk - | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N. Pt. Road - N. Dundalk - no hwy
STREET ADDRESS (If rural give location) N Pt Road & Mathias Ave.

3. NAME OF DECEASED (Type or Print): (First) BARBORA (Middle) (Last) SCHULTZ

4. DATE OF DEATH: (Month) 4 (Day) 30 (Year) 1952

5. SEX F | 6. COLOR OR RACE Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widow | 8. DATE OF BIRTH Sept. 1870 | 9. AGE last birthday 81 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Austria | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John Moravec | 14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Frances Romano

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteri-Sclerotic - Cardio Vascular

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Disease — 10 yrs.

(c) Senility

4 32.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) M.D. | ADDRESS N. Pt. Rd. Rur. - Dundalk, Md. | DATE SIGNED 5/1/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5-3-1952 | NAME OF CEMETERY OR CREMATORY Sacred Heart Cem | LOCATION (City, town, or county) Trappe Rd (State) Md

DATE REC'D BY LOCAL REG. 5/2/52 | REGISTRAR'S SIGNATURE [illegible] Deputy | 24. FUNERAL DIRECTOR Wendell J. Rupp | ADDRESS 3125 Highland Ave

VS/A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville Manor
STREET ADDRESS (If rural, give location) 5914 Montgomery Ave

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) E. (Last) Schultz

4. DATE OF DEATH: (Month) Apr (Day) 23 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Dec 5. 1875

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sinclair

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Frederick W. Pielert 5914 Montgomery Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 + yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — DUE TO (b) — DUE TO (c)

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 21, 1952, to 4/23, 1952, that I last saw the deceased alive on 4/22, 1952, and that death occurred at 10 3/4 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Paul E. Rauschkolb 3629 Edmondson Ave-29 — 4/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF Apr 26-1952 — NAME OF CEMETERY OR CREMATORY London Park — LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REG. 4/25/52 — REGISTRAR'S SIGNATURE V E. Harry

24. FUNERAL DIRECTOR — ADDRESS: John F. Teufel 5311 Edmondson Ave

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APR 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

58

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 202 Mt. de Sales Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 202 Mt de Sales Rd

3. NAME OF DECEASED (Type or Print): (First) STELLA (Middle) CECELIA (Last) SELLS

4. DATE OF DEATH: (Month) 4 (Day) 3 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: JUNE 8, 1889

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): PENN.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: FRANK Y. WILT

14. MOTHER'S MAIDEN NAME: CLARA C. LIEBLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): N (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Lane Griffith - 711 Washington Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 4 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/31/52, 19..... to 4/4/52, 19....., that I last saw the deceased alive on 4/3/52, 19....., and that death occurred at 1:30 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Harry C Houck MD — ADDRESS: 373 Ford St. Balto Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 4-7-52 — NAME OF CEMETERY OR CREMATORY: Cathedral Cem. — LOCATION (City, town, or county): Baltimore (State): Md.

DATE REC'D BY LOCAL REG. 4-7-52 — REGISTRAR'S SIGNATURE: V E Harris

24. FUNERAL DIRECTOR: George A Farley — ADDRESS: Fulton Ave & Fayette St

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APR 9 1952
BUREAU V. S.

59

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex MARYLAND LENGTH OF STAY (in this place) 2 yrs. HOSPITAL OR INSTITUTION: STREET ADDRESS Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River 20, Md STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Fred (Middle) Sahag (Last) Shahbazian

4. DATE OF DEATH: (Month) Apr. (Day) 26 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec 2 1903

9. AGE last birthday: 48 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder

10b. KIND OF BUSINESS OR INDUSTRY: Rockens Co.

11. BIRTHPLACE (State or foreign country): St Louis Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sahag Shahbazian

14. MOTHER'S MAIDEN NAME: Mary Ebbinger (wife)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 254-14-4790

17. INFORMANT AND ADDRESS: Mrs. Elizabeth Shahbazian

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: Immediate

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — Interval between onset and death: Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Apr. 26 52 10 a.m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J McLarnon M.D. Deputy Medical Examiner Balto. Co Dundalk 22 Md. 4/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF 4/25/52

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Chambersburg Pa

DATE RECD BY LOCAL REGISTRAR APR 27 1952

REGISTRAR'S SIGNATURE Huntington Williams, M.D.

24. FUNERAL DIRECTOR ADDRESS

J J Buzynski 1407 Eastern Ave

4-29-52 Edith Shirley - clerk

VS. A15A

COPY SENT TO LOCAL REGISTRAR No. CHo DATE 4-29-52

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U. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

60

Reg. Dist. No. 30

1. PLACE OF DEATH — COUNTY: Balto Co — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towsontown
LENGTH OF STAY (in this place): 20 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 114 Locust Drive

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towsontown
STREET ADDRESS (If rural, give location): 114 Locust Drive

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Mae (Last) Shelmire

4. DATE OF DEATH: (Month) Apr (Day) 26 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Penn

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Hildebrand

14. MOTHER'S MAIDEN NAME: Julia Himmelright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): /

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Frances E. Starr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMATA STOMACH. — Interval between onset and death: 3-6 Mo

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: 0

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION: 0

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1952 to April 26, 1952 that I last saw the deceased alive on Apr. 26, 1952, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. Floyd Johnson, MD — ADDRESS: 6348 Frederick Rd Catonsville Md. — DATE SIGNED: 4/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Buried — DATE THEREOF: April 29 — NAME OF CEMETERY OR CREMATORY: Meadow Ridge — LOCATION (City, town, or county) (State): Howard Co Md

DATE REC'D BY LOCAL REG.: 4/29/52 — REGISTRAR'S SIGNATURE: V E Starr

24. FUNERAL DIRECTOR — ADDRESS: Hiss Funeral Home

RECEIVED
MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

61

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md., COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Raspeburg; STREET ADDRESS (If rural, give location) 6500 Golden Ring Road

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) J. (Last) SHINER

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Jan. 31, 1882

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired - helper - Bricklayer & Tyler Col

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Shiner

14. MOTHER'S MAIDEN NAME: Mary Volansky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mary Shiner, wife, above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteri-Sclerotic Cardio-Vascular disease	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to April 5, 1952, that I last saw the deceased alive on April 5, 1952, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. J. Baumgardner MD Balto 6 Md 4/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/8/52

NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem.

LOCATION (City, town, or county) (State): 4430 Belair Rd. Balto. Md

DATE REC'D BY LOCAL REG.: 4/7/52

REGISTRAR'S SIGNATURE: a a Hedrick

24. FUNERAL DIRECTOR ADDRESS: Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS. A15

Items 8, 9 Film G142 4/17/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1912 Casadel Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) Clifton (Middle) J. (Last) SMITH

4. DATE OF DEATH: (Month) April (Day) 6 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: ~~9-9-89~~ 11-9-98

9. AGE last birthday: 53 62 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Guard

10b. KIND OF BUSINESS OR INDUSTRY: ~~U.S. Govt~~ Government

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Paul Smith

14. MOTHER'S MAIDEN NAME: Lilly Patty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes. (If Yes, give war or dates of service) WWI

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CEREBRO-VASCULAR ACCIDENT — DUE TO — Interval between onset and death: 12 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last: (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 6, 1952, to Apr. 6, 1952, and that death occurred at 7:00 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

IRVING FREEMAN, M.D., ACTING CHIEF, MEDICAL SERVICE VAH, FORT HOWARD, MD. 4-7-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4-10-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4/8/52 — REGISTRAR'S SIGNATURE W W Hedrick

24. FUNERAL DIRECTOR ADDRESS: Howard Blight Funeral Home, 6009 Harford Rd. Baltimore, Md.
Mildred T. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

263

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (In this place) 22 yrs. 9 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 2285 Norman Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Edna (Middle) Sarah (Last) Smith.

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify which): Widow.

8. DATE OF BIRTH: Apr 22/1889

9. AGE last birthday: 62 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: None.

11. BIRTHPLACE (State or foreign country): Carline Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert C. Reeves

14. MOTHER'S MAIDEN NAME: Margaret Callahan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Gladys N. Holm

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary occlusion	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Vascular Disease	Unknown
(c) Chronic Generalized Arthritis	20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 9/52 5P m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. McCormick M.D. Deputy Medical Examiner Dundalk 22 Md 4/9/52

21. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-12-52

NAME OF CEMETERY OR CREMATORY: Balto.

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. April 10-1952

REGISTRAR'S SIGNATURE: William M. Kelly Jr.

24. FUNERAL DIRECTOR: Lilly & Zeiler, Inc. ADDRESS: 403 S. Wolfe St.

RECEIVED
APR 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex — LENGTH OF STAY (In this place) 35
HOSPITAL OR INSTITUTION OR STREET ADDRESS 307 Upper Landing Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) B. (Last) Smith
4. DATE OF DEATH: (Month) April (Day) 30 (Year) 52
5. SEX: Male
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married.
8. DATE OF BIRTH: Feb 22/1881
9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Labor.
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT AND ADDRESS: Elmer C. Koller. Balto. 14.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Shot gun wound of head

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) entire evisceration & fracture

(c) & fractures face & lower jaw.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

J. McCarmine M.D. Deputy Medical Examiner Balto. Co. Dundalk Md 22 4/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/1/52 | NAME OF CEMETERY OR CREMATORY: Eastwood Cem. | LOCATION (City, town, or county) (State): Taylor Ave. Md.

DATE REC'D BY LOCAL REG: 5/1/52 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: John D Connelly. | ADDRESS: 418 Eastern Ave Balto. 21-Md.

VS-A15a

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Green Md. | LENGTH OF STAY (in this place) 25 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Green Md.
STREET ADDRESS (If rural, give location)

3. NAME OF [redacted] (Type or Print): (First) Seth (Middle) Seymour (Last) Smith
4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	Widowed	Feb. 15-1872	80 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farmer	Md.	U.S.A.

13. FATHER'S NAME Seth S. Smith
14. MOTHER'S MAIDEN NAME Catharine A. Hoyt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mrs. O. H. Miller Longreen Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

331 K

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

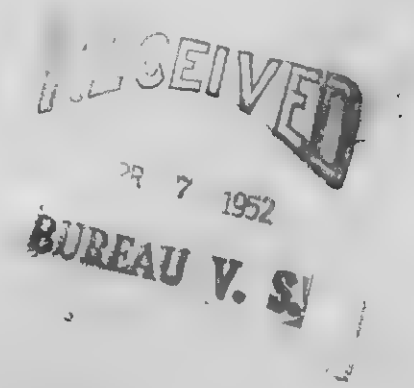
22. I hereby certify that I attended the deceased from June, 1945, to April 2, 1952, that I last saw the deceased alive on April 2, 1952, and that death occurred at 10:15 a.m. from the causes and on the date stated above.

SIGNATURE Walter M. Hammett (Degree or title) Baldwin ADDRESS DATE SIGNED April 2-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 4-52	Wilson Methodist Cem	Long Green Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 3-52	C. E. Cottman	C. E. Cottman	Fork Md.

Walter M. Hammett (MC)


RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville — LENGTH OF STAY (In this place)
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Augsburg Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Balto Co.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Pikesville
   STREET ADDRESS (If rural, give location) 1039 Poplar Grove St.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Chas. (Last) Spilman

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Sept 30 1882

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John F Spilman

14. MOTHER'S MAIDEN NAME: Catherine A Wuest

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Augsburg Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart Disease	2 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Debility of Old Age	6 wks

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1950, to April 11, 1952, that I last saw the deceased alive on April 4, 1952, and that death occurred at 5:20 A m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Earl L. Chambers — M.D. — 4108 Liberty Hts Ave - Balto 7 Md - 4-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: April 14-52 — NAME OF CEMETERY OR CREMATORY: London Park — LOCATION (City, town, or county) (State): Baltimore City Md

DATE REC'D BY LOCAL REG.: 4/14/52 — REGISTRAR'S SIGNATURE: W. D. Kelnick

24. FUNERAL DIRECTOR — ADDRESS: Wm Chas A. G. Rohde 2327 Edmondson Ave

Dyer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 67

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8 Overbrook Road

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

STREET ADDRESS (If rural, give location): 8 Overbrook Road

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) H. (Last) Tapman

4. DATE OF DEATH: (Month) Apr. (Day) 20, (Year) 19 52.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	June 3, 1883	68 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Mechanical Inspector	B. & O. R.R.	Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Samuel F. Tapman	Mary Pahmyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	705-05-7326	Mrs. Lillian E. Tapman 8 Overbrook Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral thrombosis	Acute
4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerosis C-V. D.	15 yrs+
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/31, 1944, to 4/20, 1952, that I last saw the deceased alive on 4/15, 1952, and that death occurred at 5:31 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

C. Edward Leach M.D. 14 E. Eager St. 4/21/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-23-1952	Loudon Park	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
4/22/52	A W Gerhardt	G. Howard Strong 3207 W. North Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville - Woodlawn
LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2159 Forrest Park

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 123 South Wolfe St. - Balto.
STREET ADDRESS (If rural, give location) 123 South Wolfe St.

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) ANN (Last) TEGELER
4. DATE OF DEATH: (Month) 4 (Day) 22 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Divorced	March 14 1892	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housekeeper	Maryland	U.S.A.

13. FATHER'S NAME: Henry Fuhrgle
14. MOTHER'S MAIDEN NAME: Mary Bayer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	219-18-2435	Walter Tegeler - Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: One day.

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from January 10, 1952, to April 22, 1952, that I last saw the deceased alive on April 21, 1952, and that death occurred at 7:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Edwin F. Pierpont, M.D.	8704 LIBERTY Rd., Balto 7, Md.	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-25-1952	Mt. Olive	Randallstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4/24/52	A.W. Heimis	G. Howard Strong 3207 W. North Ave.,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (In this place): 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1217 Madison Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H. (Last) THOMAS

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-24-88

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: odd jobs

11. BIRTHPLACE (State or foreign country): Elkridge, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: William Thomas

14. MOTHER'S MAIDEN NAME: Mary L. Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 214-01-6446

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) PULMONARY TUBERCULOSIS — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 13 19 52, to April 29 19 52, that I last saw [illegible] alive on [illegible], and that death occurred at 4:50 A. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
WILLIAM B. VAIDSGRIFT, M. D. — VAH, FORT HOWARD, MARYLAND — 4-29-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: May 2, 1952 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4/30/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR — ADDRESS: Samuel W. Sullivan, Jr. 1011 N. Arlington Ave, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Anne Arundel County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): Main & Arundel Roads ✓

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (Last) Trager

4. DATE OF DEATH: (Month) April (Day) 21, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov. 11, 1865

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker — Roasters Bakery

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Trager

14. MOTHER'S MAIDEN NAME: Elizabeth Buck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Mrs. Lillian Paul, Main & Arundel Roads, Riviera Beach, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute cardio-respiratory failure	15 min.
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Arteriosclerotic heart disease	Years
	DUE TO (c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Senile arteriosclerotic nephrosclerosis — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-11-52, 19 52, to 4-21-52 1952, that I last saw the deceased alive on 4-21-52, 19 52, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE): Ethel B. Herrmann Greene M.D. ADDRESS: Spring Grove State Hospital, Catonsville 28, Maryland DATE SIGNED: 4-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Apr 24/52 — NAME OF CEMETERY OR CREMATORY: Baltimore — LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 4/22/52 — REGISTRAR'S SIGNATURE: a W Bruce

24. FUNERAL DIRECTOR: Philip Herwig Sons — ADDRESS: 2024 Eutaw St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 5X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1303 N. Bruce Street ✓

3. NAME OF DECEASED: (Type or Print) (First) DAVID (Middle) W. (Last) TURNER

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-2-89

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Harford Co., Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Turner

14. MOTHER'S MAIDEN NAME: Sarah Chalk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 218-10-3793

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) RIGHT CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11 1952, to April 14 1952, that I last saw the deceased alive on [illegible] and that death occurred at 6:45 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) WILLIAM B. VA. DEGRIFT, M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 4-14-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 4-18-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 4/15/52 — REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Mrs. Samuel T. Hemsley — ADDRESS Mr. Francis A. Hemsley 578 W. Biddle Street, Baltimore, Maryland

Item 9 Film143 6/3/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

'72

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Halethorpe Police Station

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Unknown; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print): (First) UNKNOWN (Middle) (Last)

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1952

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH

9. AGE last birthday: ? 75? yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardiovascular disease

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanley H. Dunleavy Ass't. Medical Examiner-72[illegible]eet St.-Balto.2, Md. 4-16-52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremated | DATE THEREOF 4/18/52 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) Univ. of Md. Med. Sch. Baltimore, Md

DATE REC'D BY LOCAL REG. 5-26-52 | REGISTRAR'S SIGNATURE Geo. L. M. Kieffer | 24. FUNERAL DIRECTOR Anatomy Board (E. Ulman) | ADDRESS

VS. A15A

1

RECEIVED
MAY 26 1952
BUREAU V. S.

COPY SENT TO ~~LOCAL~~ REGISTRAR No. C46 DATE 5-26-52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 617 N. Linwood Ave.

3. NAME OF DECEASED (Type or Print): (First) TERESA (Middle) (Last) Vogler
4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	Sept. 10, 1858	93 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Maryland	

13. FATHER'S NAME: Unknown Weis
14. MOTHER'S MAIDEN NAME: Unkn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	Mr. William R. Finn - 435 Whitfield Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro - Vascular Accident — Interval between onset and death: 2 days

331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 4, 1952, to April 7, 1952, that I last saw the deceased alive on April 6, 1952, and that death occurred at 9:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
James J. Nolan MD	6014 Edmondson Ave, Catonsville Md	4/7/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/10/52	St. Matthews Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/8/52	C W Hedrick	Wm. J. Tschiener & Sons	Balto 17, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

Item 18 Film G142 4-21-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH 74

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mayfield Ave 2907

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 2907 Mayfield Ave

3. NAME OF DECEASED (Type or Print): (First) Charlotte (Middle) (Last) Walker
4. DATE OF DEATH: (Month) April (Day) 2 (Year) 19 52

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Dec 26 1928
9. AGE Last birthday: 23 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Head Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY? usa

13. FATHER'S NAME: Harry A Walker
14. MOTHER'S MAIDEN NAME: Florence M Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 217 - 24 - 4318
17. INFORMANT AND ADDRESS: Florence Walker 2907 Mayfield Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suicide due to overdose Nembutal or seconal

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 970.2 Cause of death pending Autopsy showing 2.3 barbiturate (4-21-52 ams)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Chas. W. Kieffer M.D. Coroner Balto Co 1010 Leadenhall April 2 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4/5/52 | NAME OF CEMETERY OR CREMATORY: Mt. Olive Cem. | LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG.: 4/4/52 | REGISTRAR'S SIGNATURE: [signature] Deputy

24. FUNERAL DIRECTOR: Wm. J. Sidaner & Sons — ADDRESS: Catonsville 17, Md.

Item 18 Film 3140 4-8-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert County
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED: (Type or Print) (First) Daniel (Middle) R. (Last) Walters, Sr.

4. DATE OF DEATH: (Month) April (Day) 1, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-1-1877

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry McCoy Walters

14. MOTHER'S MAIDEN NAME: Essie Raum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS Mrs. Marie Krehbiel-Daughter, North Beach, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	8 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Bilateral lobular pneumonia	14 days
	DUE TO (c) Arteriosclerotic heart disease	Years Unknown
	Part I (c) Pyelonephritis	

490X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. General arteriosclerosis — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 19 52, to 4-1, 19 52, that I last saw the deceased alive on 4-1, 19 52, and that death occurred at 9.50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Ethel Bofinmann-Greer MD ADDRESS Spring Grove State Hospital Catonsville 28, Maryland DATE SIGNED 4-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF april 3 1952 — NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — LOCATION (City, town, or county) (State) Washington D.C

DATE REC'D BY LOCAL REG. 4-1-52 — REGISTRAR'S SIGNATURE V E Harry

24. FUNERAL DIRECTOR J.W. Lee Sons Co. — ADDRESS 606-4th St. Wash. D.C

8-51

RECEIVED
APR 3 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WOODLAWN | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6706 WINDSOR MILL Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - WOODLAWN
STREET ADDRESS (If rural, give location) RURAL - 6706 WINDSOR MILL Rd.

3. NAME OF DECEASED (Type or Print): (First) WILFORD (Middle) (Last) WATTS
4. DATE OF DEATH: (Month) 4 (Day) 1 (Year) 1952

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED | 8. DATE OF BIRTH: April 17 1867 | 9. AGE last birthday: 84 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waiter - P.R.R. | 10b. KIND OF BUSINESS OR INDUSTRY: Watchman | 11. BIRTHPLACE (State or foreign country): Md. | 12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nathaniel Watts | 14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: None | 17. INFORMANT AND ADDRESS: Niece - Mrs. Celia Fisher

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart Failure. — Interval Between Onset and Death: 6 months

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 21, 1951, to April 1, 1952, that I last saw the deceased alive on April 1, 1952 and that death occurred at 5:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Edwin L. Kuykendall, M.D. | 8304 Liberty Rd Baltimore 7 Md. | 4/1/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Apr 4 '52 | NAME OF CEMETERY OR CREMATORY Mt Olivet | LOCATION (City, town, or county) (State) Baltimore - Md.

DATE REC'D BY LOCAL REG. 4/11/52 | REGISTRAR'S SIGNATURE A.W. Hedrick DMR | 24. FUNERAL DIRECTOR ADDRESS C. Gilbert & Son 200 Eutaw St. 17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY 931 Bengies Rd — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (in this place) —; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; STREET ADDRESS (If rural give location) 931 Bengies Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) R. (Last) [illegible]

4. DATE OF DEATH: (Month) (Day) (Year) 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: [illegible]

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sand Lime Industries

10b. KIND OF BUSINESS OR INDUSTRY: Truck Driver

11. BIRTHPLACE (State or foreign country): Balto

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic Carcinoma — Interval Between Onset and Death: 1 yr

162.X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19.48, to APR. 25, 1952, that I last saw the deceased alive on MAR 21, 1952, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE Joseph Miceli (Degree or title) M D ADDRESS 422 Eastern Ave Balto 21 Md DATE SIGNED 4/26/52

23. BURIAL, CREMATION REMOVAL (Specify) | DATE | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. April 28-1952 | REGISTRAR'S SIGNATURE William M Kelly Jr. | 24. FUNERAL DIRECTOR | ADDRESS

RECEIVED
APR 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 78

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Howard

LENGTH OF STAY (in this place) 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 214 N. High Street

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday: IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.
MERDA G. WEBB	April 1 19 52	Male	White	Single	7-19-16	35 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Painter		Hayard, Kentucky	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Stephen Webb	Hettie Combs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes, WWII	235-01-5485	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) PULMONARY TUBERCULOSIS, FAR ADVANCED, ACTIVE	2 mos.
0024 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Mar. 27, 19 52, to Apr. 1, 19 52, that death occurred at 9:25 A.m., from the causes and on the date stated above.

SIGNATURE Caudad E. Gonzalez M.D. (DEGREE OR TITLE) ADDRESS VAH, Fort Howard, Md. DATE SIGNED 4/1/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)	ADDRESS
Removal	4-2-52	Charleston	Charleston W. Va.	

DATE REC'D BY LOCAL REG. 4-2-52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Howard Blight Funeral Home, 6009 Harford Rd. Baltimore, Md.

Ship to: Quick & Bath Funeral Home, VA-4 Emma Ave, Charleston W. Va. Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ... specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in the Pines 16 Fusting Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) Chapman Ave.

3. NAME OF DECEASED (Type or Print): (First) SAMUEL (Middle) T. (Last) WHEATLEY, Sr.
4. DATE OF DEATH: (Month) Apr. (Day) 15, 16 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widowed	Feb. 27, 1867	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk (rtd)
10b. KIND OF BUSINESS OR INDUSTRY: B. & O. Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nicholas D. Wheatley
14. MOTHER'S MAIDEN NAME: Hannah Greenwood
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Watson H. Gates - 2516 Talbott Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion, acute — few min.

420.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis of coronary arteries, — 5-7 yrs.
(c) Generalized arteriosclerosis. — many yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — None.

19a. DATE OF OPERATION — —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 1938, to Apr. 16, 1952, that I last saw the deceased alive on Apr. 15, 1952, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robt. B. Wright	M.D.	Medical Arts Bldg.	Apr. 17-1952

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/18/52	Parkwood Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/17/52	Ella Hartnett	Wm. J. Hohenner & Sons	Balto 11, Md.

VS-A1b

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2007 Kernan Drive

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlawn
STREET ADDRESS (If rural, give location): 2007 Kernan Drive

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Agnes (Last) Widerman

4. DATE OF DEATH: (Month) Apr. (Day) 17. (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 11, 1890

9. AGE last birthday: 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carl Oscar Fleischer

14. MOTHER'S MAIDEN NAME: Hattie Gorby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs. Richard Taylor 2007 Kernan Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Liver	2 years
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of Stomach	4 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 1949

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1938, to Apr. 17, 1952, that I last saw the deceased alive on Apr 16, 1952, and that death occurred at 7:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Joshua H. Armacost M.D.

ADDRESS: 6419 Windsor Mill Rd Baltimore 7 Md

DATE SIGNED: 4-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 4-19-1952

NAME OF CEMETERY OR CREMATORY: Mt. Olive

LOCATION (City, town, or county) (State): Randallstown, Md.

DATE REC'D BY LOCAL REG.: 4/18/52

REGISTRAR'S SIGNATURE: A W Bedrick

24. FUNERAL DIRECTOR / ADDRESS: G. Howard Strong 3207 W. North Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS-A1

12981

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - White Hall; LENGTH OF STAY (in this place) 1 yr. 1 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Vernon Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near White Hall; STREET ADDRESS (If rural, give location) Vernon Rd.

3. NAME OF DECEASED (Type or Print): (First) Laura (Middle) Virginia (Last) Wilhelm.

4. DATE OF DEATH: (Month) Apr. (Day) 22, (Year) 1952.

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow.

8. DATE OF BIRTH: Aug. 3, 1873

9. AGE last b[irthday]: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home.

11. BIRTHPLACE (State or foreign country): Glen Rock Pa. R.D

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Luther Lawson.

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Gilbert Calp. White Hall, Md. R.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hypertension

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 52, to April 21 19 52, that I last saw the deceased alive on April 21, 19 52, and that death occurred at 6:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. M. Frame M.D.

ADDRESS Parkton Md.

DATE SIGNED 4/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

TH THEREOF April 25/1952

NAME OF CEMETERY OR CREMATORY Pine Grove E.U.B. Cemetery

LOCATION (City, town, or county) (State) Parkton, Balto Co. Md.

DATE REC'D BY LOCAL REG. Apr 23 1952

REGISTRAR'S SIGNATURE Calvin J Easton

24. FUNERAL DIRECTOR Jacob Hartenstein

ADDRESS New Freedom, Pa.

RECEIVED
MAY 6 1
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0398 XX

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15—8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 15 S. Bond Street

3. NAME OF DECEASED (Type or Print): (First) JESSE (Middle) W. L. (Last) WILLIAMS

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-1-11

9. AGE last birthday: 41 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wrecker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Samuel E. Williams

14. MOTHER'S MAIDEN NAME: Mattie Hearsie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 259-18-8352

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	TUBERCULOSIS, PULMONARY	Unknown
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	TUBERCULOUS ADENITIS, CERVICAL	Unknown
	DUE TO (c)	TUBERCULOUS PERICARDITIS	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 18 1952, to April 24 1952, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE: A. E. Pugh, M.D. (DEGREE OR TITLE) ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. (ADDRESS) DATE SIGNED: 4-25-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-30-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 4/30/52 — REGISTRAR'S SIGNATURE: M. Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Elroy O. Wilson 1510 Orleans Street, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville — LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 304 Winters Lane

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Louise (Last) Williams

4. DATE OF DEATH: (Month) (Day) (Year) 4/1/52 19

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: 1/15/16

9. AGE last birthday: 35 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unemployed

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Howard County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ira Williams

14. MOTHER'S MAIDEN NAME: Nettie Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Nettie Williams 304 Winters Lane

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Mitral Insufficiency — Interval Between Onset and Death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiac Disease — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Liver + Anemia

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-1-, 1952, to 4-1-, 1952, that I last saw the deceased alive on 4-1-52, 19..., and that death occurred at 8.30 P m., from the causes and on the date stated above.

SIGNATURE: C.F. Maloney M.D. (Degree or title) — ADDRESS: 57 Winterslane Balto 28 Md — DATE SIGNED: 4/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4/4/52 — NAME OF CEMETERY OR CREMATORY: West Liberty Cemetery — LOCATION (City, town, or county) (State): Howard Co., Md.

DATE REC'D BY LOCAL REG.: 4/4/52 — REGISTRAR'S SIGNATURE: A.W. Pollard Deputy

24. FUNERAL DIRECTOR — ADDRESS: Charles R. Law, 802 Mad. Ave.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

84

CERTIFICATE OF DEATH

Reg. Dist. No. 47

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE-19 MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FORT HOWARD.
LENGTH OF STAY (in this place): 11 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: BAYSIDE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: IN
STREET ADDRESS (If rural give location): #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DOCTOR.	FRANKLIN	WILSON.	APRIL	17	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	MARRIED	JUNE 5, 1902	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HEATER TESTER.	STEEL FABRIC	PRESTON CO. W. Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JIM WILSON.	MARY ROSIER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.	219-10-9729.	VIRGINIA WILSON. Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	CORONARY THROMBOSIS.	2 Weeks.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	MYOCARDIAL FAILURE.	SUDDEN.
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ....., 1941, to APR. 17, 1952, that I last saw the deceased alive on APR. 17, 1952, and that death occurred at 2.00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Louis N. Tollin. M.D.	6908 North Point Rd Balto. 19. Md.	4/17/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	4/18/52	Ridgeway Cemetery	Grafton, West Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
		Wm. Cook, Inc.,	1217 E. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3985

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills

LENGTH OF STAY (in this place) 14 yr. 8 da.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Alle

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland

STREET ADDRESS (If rural, give location) 607 Hill Top Drive ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Kenneth	A.	Wilson	April	20	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	9-16-23	28 yrs. yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
inmate		Martinsburg W. Virginia	America

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
James Raymond Wilson	Lucy Lavinia Schell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
No		Institutional Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute bronchitis with broncho pneumonia & inanition	5 days
752X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hydrocephalus with symptomatic epilepsy, grand-mal type. (arachnoiditis)	Birth
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from March 25, 19 52., to April 20, 19 52., that I last saw the deceased alive on April 20, 19 52., and that death occurred at 7:15 A.M. a.m., from the causes and on the date stated above.

SIGNATURE H. G. Butler (DEGREE OR TITLE) M.D. ADDRESS Rosewood, Owings Mills Md. DATE SIGNED 4-21-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 23, 1952	Hill Crest Burial Park	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
4-21-52	Mary B. Cline	Willism H. Kight, Cumberland, M.d

RECEIVED
APR 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 03586

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 13 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 6403 Rosemont Avenue

3. NAME OF DECEASED: (Type or Print) (First) LOUIS (Middle) W. (Last) WORKMEISTER

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-30-07	44 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Asst. Personnel Manager	Tafi Cab Co.	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME: Lewis Workmeister

14. MOTHER'S MAIDEN NAME: Anna Deems

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No WW II	212-01-0122	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,M

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) CEREBRAL VASCULAR ACCIDENT	12 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) MALIGNANT HYPERTENSION	Unknown
DUE TO		
	(c)	

3318

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from April 12 1952, to April 25 1952, [redacted] and that death occurred at 6:10 A.m., from the causes and on the date stated above.

SIGNATURE: A. E. Hugo M.D. (DEGREE OR TITLE) ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. (ADDRESS) DATE SIGNED: 4-25-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-28-52	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
April 26 1952	R.W.	Howard Blight Funeral Home 6009 Harford Rd. Baltimore, Md.

Mildred T. Blight